U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

2004 MAR 17 AM 11:03

FOR AGENCY USE ONLY 100181	
Date Received 28-JAN-2004	Repository ☐
	Reference No. 10055984

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number NO NUMBER	E-mail Address
City TROY	State MI	Zip Code [redacted]	Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA will NOT release your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2-20-04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GCEK19T53[redacted]	CHEVROLET	SILVERADO	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
4-19-2003	MIKE SAVOIE 248 693 8000			5300 V8 8	GAS
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		141000 AIR BAGS:FRONTAL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-JAN-2004	~~99999~~ 10,778	25	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

WHILE DRIVING 25 MPH VEHICLE WAS INVOLVED IN A FRONTAL COLLISION. UPON IMPACT, FRONT AIR BAGS DID NOT DEPLOY. DRIVER SUSTAINED NECK AND BACK INJURIES. *AK

HEAD ON COLLISION ON RESIDENTIAL STREET - POLICE OFFICER ASKED ME 3 TIMES IF MY AIR BAG DEPLOYED - BOTH VEHICLES WERE TOWED AWAY

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

LIMITED RANGE OF MOTION IN NECK, SORE LOWER BACK STARTING PHYSICAL THERAPY

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

U.S. Department of Transportation
National Highway Traffic Safety Administration
http://www.nhtsa.dot.gov/hotline

Penalty: $500 and/or 90 days

ORI: MI-[redacted]

STATE OF MICHIGAN

Traffic Crash Report

04-248

File Class: 3155 ✓

Incident Disposition: Open / Closed (marked)

Reviewer: SS

Department Name: Clawson Police Dept.

Crash Date			Crash Time
Month	Day	Year	Military
01	24	2004	1755

No. of Units: 2

Crash Type: Head On

Special Circumstances: None

Weather: Cloudy

Light: Dusk

Special Checks: Fatal (Report All), Corrected Copy, Replace (Entire Report), Delete (Entire Report), Non-Traffic Area, Crime Reportable

County: 63

City/Twp: 6B

Traffic Control: None of These

Construction Zone (if applicable)

Road Name: Hendrickson

Distance: 50 FT East

Intersecting Road: Wilson

Relation to Roadway: On Road

Road Condition: Slushy

Total Lanes: 2

Speed Limit: 25

Posted: No

Unit Number: 1

State / Driver License Number: [redacted]

Date of Birth: 08 14 1981

License Type: O

Sex: M

Position: 1

Ambulance/Hospital: Com. Ems / ROBH

Unit Type: MV

City: Detroit, MI [redacted]

Injury: B

Airbag Deployed: No

Citation Issued: 381438

Interlock: No

Alcohol: No

Drugs: No

Driver Condition: Not obvious

Vehicle Registration: [redacted]

State: MI

VIN: 1G4HA654W1W[redacted]

Vehicle Description (year, make, color): 99 Buick Gray

Insurance: AAA

Towed By: A+M / A+M

Vehicle Direction: East

Vehicle Type: PA

First Impact: 1

Drivable: No

First Name / Middle / Last

Street Address / Phone Number

City / State / Zip

Date of Birth: Month / Day / Year

Sex / Ejected / Trapped / Injury

Pos. / Rest. / Ambulance/Hospital

Airbag Deployed: Yes / No / Not Equipped

First Name / Middle / Last

Street Address / Phone Number

City / State / Zip

Date of Birth: Month / Day / Year

Sex / Ejected / Trapped / Injury

Pos. / Rest. / Ambulance/Hospital

Airbag Deployed: Yes / No / Not Equipped

Owner: [redacted] City: Detroit [redacted]

Address: [redacted]

Person Advised of Damage / Date / Time / Name

Damaged Property

Public: Owner & Phone — Y / N

Do Not Write or Mark In This Area

UD-10 Serial Number: [redacted]

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

[redacted]

1 | 0 | 0 | 3 | 1 | 9 | 6 | 1

Position	Restraint	Ambulance/Hospital
1	04	Refused/ will seek own

Unit Type

City: Troy | State: MI | [redacted]

Injury: X A B C O — C

Ejected: Yes | Trapped: Yes

Airbag Deployed: Yes / No (No) / Not Equipped

Citation Issued: Hazardous / Other

Driver Condition

Interlock: Yes / No (No)

Alcohol: Yes / No (No) | Test Type: Refused / Not offered (Not offered)

Drugs: Yes / No (No) | Test Type | Test Results

Vehicle Registration: [redacted] | State: MI | VIN: 1GCEK19T53[redacted]

Vehicle Description (year, make, color): 03 Chevrolet Gray

Insurance: Hartford Ins | Towed To: A+M / A+M

Location of Greatest Damage

First Impact: 1

Extent of Vehicle Damage

Driveable: Yes / No (No)

Vehicle Type: PA, VA, PU (PU), ST, CY, MO, GC, BH, OR, Other, Truck/Bus

Vehicle Direction: North / East / South / West (West)

Special Vehicles

Vehicle Use

Vehicle Defect

Private Trailer Type

Total Occup

Mail Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

First Name | Middle | Last

Date of Birth: Month | Day | Year

Sex: M / F | Ejected: Yes | Trapped: Yes

Street Address | Phone Number

Injury: K A B C O

City | State | Zip

Pos. | Rest. | Ambulance/Hospital

Airbag Deployed: Yes / No / Not Equipped

First Name | Middle | Last

Date of Birth: Month | Day | Year

Sex: M / F | Ejected: Yes | Trapped: Yes

Street Address | Phone Number

Injury: K A B C O

City | State | Zip

Pos. | Rest. | Ambulance/Hospital

Airbag Deployed: Yes / No / Not Equipped

Name | Address | Phone Number | Age | Pos. | Rest.

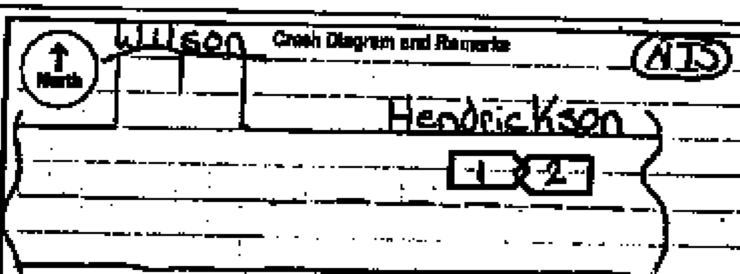
Name | Address | Phone Number | Age | Pos. | Rest.

Unit Reported on Front — Action Prior | Sequence of Events: First, Second, Third, Fourth

Unit Reported Above — Action Prior | Sequence of Events: First, Second, Third, Fourth

Most Harmful

Crash Diagram and Remarks



Veh 1 travelling E/B on Hendrickson drove into oncoming traffic and struck Veh 2 which was travelling W/B on Hendrickson

Unit No.

Carrier Name

Address

City | State | Zip

Carrier Source | GVWR

Driver's CDL Type | CDL Restrictions

ICC/MC

USDOT

MPSC

Medical Card: Y / N

CDL Exempt: Farm / Other

Vehicle Type: 4A, AH, AM, AP, AT, AX, AY, AZ, AL, SB, BH, BM, BP, EX, CH, CP, CX, Other

Type & Action Per Unit: First, Second, Third, Fourth

Hazardous Material: Placard Y / N | Cargo Spill Y / N

ID # | Class #

Cargo Body Type

UD-10 Serial Number	Investigated at Scene	Reported Date/Time	Photos By	Investigator Name(s) & Badge # (Print Only)
4175687	Yes	1-24-04 @ 1803	N/A	Rands #19

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

01/29/2004 at 02:52 PM 0076750705-YHSAC84170
65146

ESTIMATE OF RECORD

2003 CHEV K1500 4X4 SILVERADO EXT 8-5.3L-FI 4D SHORT SILVER Int:GREY

THIS IS NOT AUTHORIZATION TO REPAIR. REPAIRS MUST BE AUTHORIZED BY THE VEHICLE OWNER. NO SUPPLEMENT WILL BE HONORED WITHOUT REINSPECTION OR APPROVAL BY THE HARTFORD INSURANCE GROUP. KEVIN MCMILLAN 610-631-8343

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR16H99 Database Date 1/2004 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are describe as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc Pound Sign (#) items indicate manual entries.

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THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).