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 -2 AM 10 53

FOR AGENCY USE ONLY 335	
Date Received: 30-JAN-2004	Repository ☐
	Reference No. 10057239

OWNER INFORMATION (Type or Print)

Name			
Address [redacted]		Daytime Telephone Number [redacted]	E-mail Address
City HOUSTON	State TX	Zip Code [redacted]	Evening Telephone Number

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 provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 01/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP6634X [redacted]	FORD	CONTOUR	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
12-MAR-99	Randall Reed Ford - 281-446-9171				
Original Owner ☒	Dealer's City Houston	State Tex	Zip Code 77333		

Transmission Type		Powertrain	Vehicle Component Code
	☑ Antilock Brakes ☑ Cruise Control		140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
5-10-03	99,000	45mi	Air bags (Driver + passenger)

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	3		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 SITTING AT A STOP SIGN ANOTHER VEHICLE REAR ENDED CONSUMER'S VEHICLE. IN RETURN, CONSUMER'S VEHICLE REAR ENDED A BUS. UPON IMPACT, NONE OF THE AIRBAGS DEPLOYED.*AK

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)

I was not stopped at a stop sign. I was sitting idle behind a city bus waiting for the bus to let out its passengers so that I may make a right turn on the street on which I was on. The vehicle that hit me was going at a high rate of speed and could not stop or did not see me and rear ended the bus. I rear-ended the left side of me and knocked me forward and then backwards. I was knocked into the back seat of my car with such force that it broke my drivers seat in my car. I was cut out of the car to be freed from my car by the fire department and was rushed to the hospital by an ambulance. I have included photos, police report and insurance from Ford Consumer product Co. when I filed a claim with them.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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 73173 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

MAJOR MULTIPLE INJURIES

MTA # 03-3193

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (REV. 9/1/01) — MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN, TX 78773-0001

FILE COPY

DO NOT WRITE IN THIS SPACE: LOC. ____ CODE ____ SEVERITY ____ FAT. REC. ____ DR. REC. ____ DPS NO. ____

PLACE WHERE ACCIDENT OCCURRED

COUNTY Harris CITY OR TOWN Houston (SHOW ONLY IF INSIDE CITY LIMITS)

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN ____ MILES ☐N ☐S ☐E ☐W OF ____ (CITY OR TOWN)

ROAD ON WHICH ACCIDENT OCCURRED 6900 (BLOCK NUMBER) Mesa Road N/B (STREET OR ROAD NAME) (ROUTE NUMBER OR STREET CODE)

CONSTR. ZONE ☐YES ☒NO SPEED LIMIT 35

INTERSECTING STREET OR NEAREST X'ING NUMBER ____ (BLOCK NUMBER) (STREET OR ROAD NAME) (ROUTE NUMBER OR STREET CODE)

CONSTR. ZONE ☐YES ☐NO SPEED LIMIT ____

NOT AT INTERSECTION ____ ☐FT. ☐APPROX. ☐N ☐S ☐E ☐W OF ____ (DRAW SKETCH ON REVERSE SIDE OF REPORT. IF NONE, SHOW NEAREST INTERSECTING ROADWAY OR HIGHWAY.)

DATE OF ACCIDENT 04-10-2003 DAY OF WEEK Thursday HOUR 4:50 ☐A.M. ☒P.M. (IF EXACTLY NOON OR MIDNIGHT, SO STATE)

UNIT NO. 1 - MOTOR VEHICLE

VEHICLE IDENT. NO. 1G3GR47Y4S [redacted] IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____

YEAR MODEL 1986 COLOR & MAKE Blue/olds MODEL NAME Cutlass Supreme BODY STYLE 2DR. LICENSE PLATE 03/03 TX. [redacted] (YEAR) (STATE) (NUMBER)

DRIVER'S NAME [redacted] (LAST) (FIRST) (MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP) Houston TX [redacted] PHONE NUMBER [redacted] (AREA CODE)

DRIVER'S LICENSE TX. [redacted] (STATE) (NUMBER) (CLASS/TYPE) DOB 09-06-77 (MO DAY YEAR) RACE B SEX M OCCUPATION Steel Worker

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT None PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐YES ☐NO

LESSEE/OWNER ☒ Same As Driver (NAME (IF DIFFERENT FROM LESSEE IF LEASED, OTHERWISE SHOW OWNER)) (ADDRESS (STREET, CITY, STATE, ZIP))

LIABILITY INSURANCE ☒YES ☐NO Mercury County Mutual Ins. Co. TX. 0108764B (INSURANCE COMPANY NAME) (POLICY NUMBER) VEHICLE DAMAGE RATING FD-2

UNIT NO. 2 - MOTOR VEHICLE ☒ TRAIN ☐ PEDALCYCLIST ☐ TOWED ☐ PEDESTRIAN ☐ OTHER ☐

VEHICLE IDENT. NO. 1FAFP6431X [redacted] IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____

YEAR MODEL 1999 COLOR & MAKE White/Ford MODEL NAME Contour BODY STYLE 4DR. LICENSE PLATE 03/04 TX. [redacted] (YEAR) (STATE) (NUMBER)

DRIVER'S NAME [redacted] (LAST) (FIRST) (MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP) Houston TX [redacted] PHONE NUMBER [redacted] (AREA CODE)

DRIVER'S LICENSE TX [redacted] (STATE) (NUMBER) (CLASS/TYPE) DOB 11-30-85 (MO DAY YEAR) RACE B SEX F OCCUPATION Disabled

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT None PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐YES ☐NO

LESSEE/OWNER ☒ Same As Driver (NAME (IF DIFFERENT FROM LESSEE IF LEASED, OTHERWISE SHOW OWNER)) (ADDRESS (STREET, CITY, STATE, ZIP))

LIABILITY INSURANCE ☒YES ☐NO Allstate (INSURANCE COMPANY NAME) 638262399 03/30 (POLICY NUMBER) VEHICLE DAMAGE RATING BD-3/FD-2

DAMAGE TO PROPERTY OTHER THAN VEHICLES

None (OWNER) (NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER) (DESCRIPTION OF PROPERTY) $ ____ (ESTIMATE)

LIGHT CONDITION	WEATHER	SURFACE CONDITION	TYPE ROAD SURFACE
1	1	1	2
1-DAYLIGHT	1-CLEAR/CLOUDY	1-DRY	1-BLACKTOP
2-DAWN	2-RAINING	2-WET	2-CONCRETE
3-DARK-NOT LIGHTED	3-SNOWING	3-MUDDY	3-GRAVEL
4-DARK-LIGHTED	4-FOG	4-SNOWY/ICY	4-SHELL
5-DUSK	5-BLOWING DUST	5-OTHER ____	5-DIRT
	6-SMOKE		6-OTHER ____
	7-SLEETING		
	8-HIGH WINDS		
	9-OTHER ____		

DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION): Not A Factor

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒YES ☐NO

CHARGES FILED

NAME [redacted] CHARGE Failed To Control Speed (Acc.) CITATION NUMBER 08/33874G

NAME ____ CHARGE ____ CITATION NUMBER ____

TIME NOTIFIED OF ACCIDENT 04-10-2003 (DATE) 5:02 P (HOUR) BY HOW Metro Dispatched TIME ARRIVED AT SCENE OF ACCIDENT 04-10-2003 (DATE) 5:13 P.M. (HOUR)

TYPED OR PRINTED NAME OF INVESTIGATOR Wheeler #11 Daniel G. DATE REPORT MADE 04-10-2003 IS REPORT COMPLETE ☒YES ☐NO

SIGNATURE OF INVESTIGATOR [signature] ID NO. 902563 DEPARTMENT Metro P.D. DIST./AREA 3

MTH403-3193

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (Rev. 9/1/01) — MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN, TX 78773-0300

PLACE WHERE ACCIDENT OCCURRED
COUNTY: HARRIS — CITY OR TOWN: HOUSTON (NAME ONLY IF INSIDE CITY LIMITS)
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: _____ MILES ☐N ☐S ☐E ☐W OF _____ (CITY OR TOWN)

LOC. _____

DO NOT WRITE IN THIS SPACE
LOC. _____
CMDR _____
SEVERITY _____
FAT. REC. _____
DR. REC. _____

DPS NO.

ROAD ON WHICH ACCIDENT OCCURRED: 8700 MESA ROAD N/B (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE)
CONSTR. ZONE ☐YES ☒NO — SPEED LIMIT 35
INTERSECTING STREET OR DRIVE OR X'ING NUMBER: _____ (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE)
CONSTR. ZONE ☐YES ☐NO — SPEED LIMIT _____
NOT AT INTERSECTION _____ ☐FT. ☐N ☐S ☐E ☐W OF _____ (SHOW MILEPOST OR NEAREST INTERSECTING HIGHWAY OR STREET. IF RAMP, SHOW NEAREST INTERSECTING HIGHWAY OR REFERENCE POINT)

DATE OF ACCIDENT: 04-10-2003 — DAY OF WEEK: THURSDAY — HOUR: 4:50 ☐A.M. ☒P.M. (IF EXACTLY NOON OR MIDNIGHT, SO STATE)

UNIT NO. 3 - MOTOR VEHICLE — VEHICLE IDENT. NO. 1HS4160 22M[redacted] — IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY: 40
YEAR MODEL: 2001 — COLOR & MAKE: WHITE/RED/BLUE/GRAY USA — MODEL NAME: 4416.02 — BODY STYLE: 40' BUS — LICENSE PLATE: 4EEPMT TX. [redacted] (YEAR / STATE / NUMBER)
DRIVER'S NAME: [redacted] (LAST / FIRST / MIDDLE) — MISSOURI CITY TX. [redacted] (ADDRESS (STREET, CITY, STATE, ZIP)) — PHONE NUMBER: [redacted]
DRIVER'S LICENSE: TX. [redacted] (STATE / NUMBER) "B" COL (CLASS/TYPE) — DOB: 01-19-52 (MO / DAY / YEAR) — RACE: B — SEX: F — OCCUPATION: BUS OPERATOR
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED: 4 — ALCOHOL/DRUG ANALYSIS RESULT: NONE — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER OR EMERGENCY? ☐YES ☐NO
LESSEE OWNER ☒ METROPOLITAN TRANSIT AUTHORITY 1201 LOUISIANA HOUSTON, TEXAS 77208 (NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) / ADDRESS (STREET, CITY, STATE, ZIP))
LIABILITY INSURANCE ☒YES ☐NO SELF INSURED (INSURANCE COMPANY NAME / POLICY NUMBER) — VEHICLE DAMAGE RATING: BD-1

UNIT NO. 2 - ☐MOTOR VEHICLE ☐TRAIN ☐PEDALCYCLIST ☐TOWED ☐PEDESTRIAN ☐OTHER — VEHICLE IDENT. NO. _____ — IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____
YEAR MODEL _____ — COLOR & MAKE _____ — MODEL NAME _____ — BODY STYLE _____ — LICENSE PLATE _____ (YEAR / STATE / NUMBER)
DRIVER'S NAME _____ (LAST / FIRST / MIDDLE) _____ (ADDRESS (STREET, CITY, STATE, ZIP)) — PHONE NUMBER _____
DRIVER'S LICENSE _____ (STATE / NUMBER / CLASS/TYPE) — DOB _____ (MO / DAY / YEAR) — RACE _____ — SEX _____ — OCCUPATION _____
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED: ☐ — ALCOHOL/DRUG ANALYSIS RESULT _____ — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER OR EMERGENCY? ☐YES ☐NO
LESSEE OWNER ☐ _____ (NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) / ADDRESS (STREET, CITY, STATE, ZIP))
LIABILITY INSURANCE ☐YES ☐NO _____ (INSURANCE COMPANY NAME / POLICY NUMBER) — VEHICLE DAMAGE RATING _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES
NONE (OBJECT) — _____ (NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER) — _____ (FIRST KNOWN CLUE) — $ _____ (DAMAGE ESTIMATE)

LIGHT CONDITION: 1 (1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK)
WEATHER: — / 1 (1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER _____)
SURFACE CONDITION: 1 (1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER _____)
TYPE ROAD SURFACE: 2 (1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER _____)
DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION): NOT A FACTOR

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒YES ☐NO

CHARGES FILED
NAME [redacted] — CHARGE: FAILED TO CONTROL SPEED (ACC.) — CITATION NUMBER: 08#338746
NAME _____ — CHARGE _____ — CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT: DATE 04-10-2003 HOUR 5:02 P M — HOW: METRO DISPATCHED — TIME ARRIVED AT SCENE OF ACCIDENT: DATE 04-10-2003 HOUR 5:13 P M
TYPED OR PRINTED NAME OF INVESTIGATOR: WHEELER III DANIEL G. — DATE REPORT MADE: 04-10-2003 — IS REPORT COMPLETE ☒YES ☐NO
SIGNATURE OF INVESTIGATOR: [signature] — ID NO. 902983 — DEPARTMENT: METRO P.D. — DIST/AREA: 3

METRO

METRO POLICE DEPARTMENT
MOTOR VEHICLE ACCIDENT REPORT

[redacted] 3603-X

PLACE WHERE ACCIDENT OCCURRED				CASE NUMBER
COUNTY: HARRIS	CITY OR TOWN: HOUSTON			M1A4[redacted]
IF ACCIDENT WAS OUTSIDE HARRIS COUNTY, INDICATE: COUNTY	TYPE: MAJOR Auto/Auto/Bus	DISTRICT: 3		DO NOT WRITE IN THIS SPACE
ROAD ON WHICH ACCIDENT OCCURRED: BLOCK NO. / STREET OR ROAD: 5400 MESA ROAD N/B	ROUTE NO. OR STREET CODE	Under Constr. ☐ Yes ☒ No	Speed Limit: 35	LOCAL NO.
COMPLETE ONE: INTERSECTING STREET / BLOCK NO.	ROUTE NO. OR STREET CODE	Under Constr. ☐ Yes ☐ No	Speed Limit	IDPS NO.
NOT AT INTERSECTION ____ FEET ____ MILES ☐ North ☐ S ☐ E ☐ W of ____ (Show milepost or nearest numbered intersection.)				LOC.
				FAT. REC. / DR. REC.
				CODE / SEVERITY
				TYPE

DATE OF ACCIDENT: 04 (Month) - 10 (Day of Month) - 2003 (Year) THURSDAY (Day of Week) 4:50 (Hour) ☐ AM ☒ PM (If exactly Noon or Midnight, so state.)

UNIT NO. 1 Business Address: [redacted]	Phone: [redacted]	UNIT NO. 2 Business Address: NONE	Phone: NONE

UNIT NO. 1 REMARKS:

I was Traveling north on mesa Drive the bus Yeild The white car STOP. I [redacted] Whit the back in. Of it.

[redacted]

04/10/2003

UNIT NO. 2 REMARKS:

I WAS SLOWING DOWN BECAUSE THE METRO BUS IN FRONT OF ME WAS SLOWING DOWN TO STOP. ALL OF A SUDDEN I WAS HIT FROM BEHIND.

NOR OFFICER TOOK I WROTE STATEMENTS DUE TO DRIVER NOT ABLE TO SEE BECAUSE OF VISION PROBLEMS.

METRO 01-98 0566

SIGNATURE: [redacted] 902963 — Person completing supplement

METRO P.D. DIST. 3 — Department

04-10-2003 — Date this supplement was made

METRO POLICE DEPARTMENT
MOTOR VEHICLE ACCIDENT REPORT

PLACE WHERE ACCIDENT OCCURRED

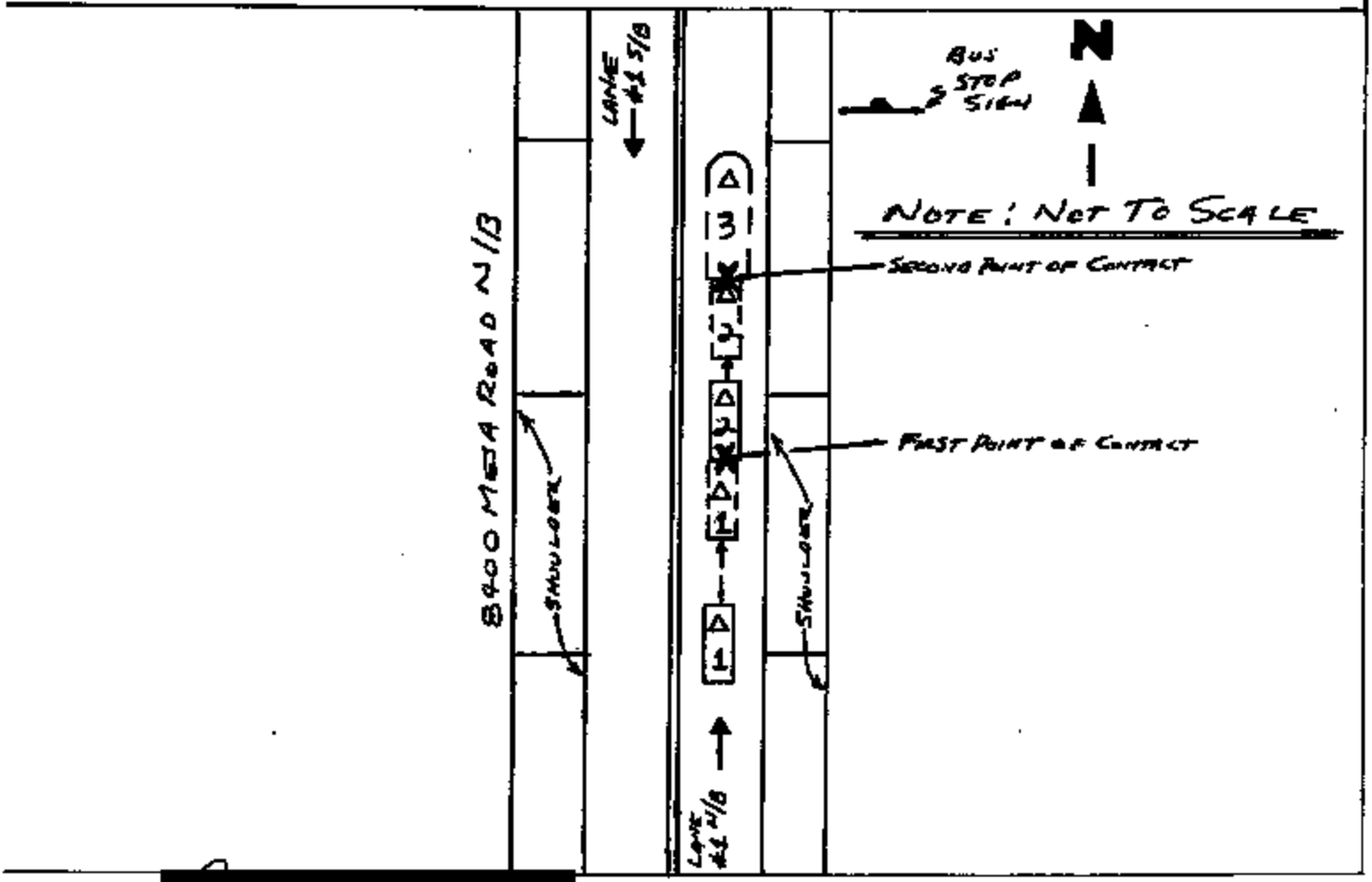
COUNTY: Harris	CITY OR TOWN: Houston			CASE NUMBER: MTA# [redacted]
IF ACCIDENT WAS OUTSIDE HARRIS COUNTY, INDICATE:	COUNTY	TYPE: Major Auto/Auto/Bus	DISTRICT: 3	DO NOT WRITE IN THIS SPACE
ROAD ON WHICH ACCIDENT OCCURRED:	BLOCK NO. / STREET OR ROAD: 8400 Mesa Road N/B	ROUTE NO. OR STREET CODE	Under Constr. ☐ Yes ☒ No	Speed Limit: 35
COMPLETE ONE:	INTERSECTING STREET / BLOCK NO. / ROUTE NO. OR STREET CODE		Under Constr. ☐ Yes ☐ No	Speed Limit
	NOT AT INTERSECTION: ____ FEET ____ MILES ☐ North ☐ S ☐ E ☐ W of ____ (Show milepost or nearest numbered intersection.)			LOCAL NO. / OPS NO. / LOG. / FAT. REC. / DR. REC. / CODE / SEVERITY / TYPE

DATE OF ACCIDENT: 09 (Month) - 10 (Day of Month) - 2003 (Year) — Thursday (Day of Week) — 4:50 (Hour) ☐ AM ☒ PM (If exactly Noon or Midnight, so state.)

UNIT NO. 3 Business Address:	Phone:		
[redacted]			

UNIT NO. 3 REMARKS: I was stop Behind although bus N/B on Mesa & when the car hit me from behind [redacted]

9-10-03



METRO 01-98 0665

SIGNATURE: [redacted]
Person completing supplement

METRO P.D. DIST. 3
Department

04-10-2003
Date this supplement was made

MTA#03-3173

ST-3C (Rev. 3/1/02) **COMMERCIAL MOTOR VEHICLE SUPPLEMENT TO THE TEXAS PEACE OFFICER'S ACCIDENT REPORT**

ACCIDENT INFORMATION
1. COUNTY Harris 2. CITY OR TOWN Houston
3. ROAD ON WHICH ACCIDENT OCCURRED 8400 MESA ROAD N/B
Block No. Street or Road Name Rt. No.
4. DATE OF ACCIDENT 04-10 2003 5. HOUR 4:50 ☐ AM (If exactly noon or ☒ PM midnight, so state)

LOC. NO. _____

DO NOT WRITE IN THIS SPACE

MCS NO. _____

DRIVER INFORMATION
6. NAME [redacted] 7. DRIVER'S LICENSE [redacted] State Number
8. RESTRICTIONS None 9. ENDORSEMENTS P 10. DRIVER'S DOB 01/19/52 CDL ✓ YES ___ NO

CARRIER INFORMATION
11. VEHICLE OPERATION ☐ INTERSTATE COMMERCE ☒ INTRASTATE COMMERCE ☐ NOT IN COMMERCE
12. CARRIER'S CORPORATE NAME METROPOLITAN TRANSIT AUTHORITY
13. CARRIER'S PRIMARY ADDRESS 1201 Louisiana Houston TX [redacted]
Number Street City State Zip
14. CARRIER ID TYPE: ☐ ICC ☐ US DOT ☐ TxDOT ☒ OTHER ☐ NONE 15. CARRIER ID NO. [redacted]

MOTOR VEHICLE INFORMATION
16. UNIT NUMBER ON ST-3: 3
17. LICENSE PLATE EXEMPT TX [redacted] Year State Number
18. Gross Vehicle Weight Rating (GVWR) ☒
Registered Gross Vehicle Weight (RGVW) ☐ 40,200
19. TOTAL NUMBER OF AXLES 2
20. TOTAL NUMBER OF TIRES 6

21. VEHICLE TYPE — 4

1-PASSENGER CAR (ONLY IF VEHICLE DISPLAYS HM PLACARDS)
2-LIGHT TRUCK (ONLY IF VEHICLE DISPLAYS HM PLACARDS)
3-BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER)
4-BUS (SEATS FOR >15 PEOPLE, INCLUDING DRIVER)
5-SINGLE UNIT TRUCK (2 AXLES, 6 TIRES)
6-SINGLE UNIT TRUCK (3 OR MORE AXLES)
7-TRUCK TRAILER
8-TRUCK TRACTOR (BOBTAIL)
9-TRACTOR/SEMITRAILER
10-TRACTOR/DOUBLE TRAILER
11-TRACTOR/TRIPLE TRAILER
99-UNKNOWN HEAVY TRUCK OVER 10,000 LBS CANNOT CLASSIFY

22. CARGO BODY TYPE — 2

1-BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER)
2-BUS (SEATS FOR >15 PEOPLE, INCLUDING DRIVER)
3-VAN/ENCLOSED BOX
4-CARGO TANK
5-FLATBED
6-DUMP
7-CONCRETE MIXER
8-AUTO TRANSPORTER
9-GARBAGE/REFUSE
10-GRAIN, CHIPS, GRAVEL
11-POLE
12-NOT APPLICABLE

23. HAZARDOUS MATERIAL
TRANSPORTING HAZARDOUS MATERIAL ☐ YES ☒ NO
1. CLASS _____ ID NO. _____
2. CLASS _____ ID NO. _____
3. CLASS _____ ID NO. _____
HAZARDOUS MATERIALS RELEASED ☐ YES ☒ NO

TRAILER NUMBER 1 INFORMATION
24. LICENSE PLATE _____ Year State Number
25. Gross Vehicle Weight Rating GVWR ☐
Registered Gross Vehicle Weight RGVW ☐ _____
TRAILER TYPE: 1-FULL TRAILER 2-SEMI-TRAILER 3-POLE-TRAILER

TRAILER NUMBER 2 INFORMATION
26. LICENSE PLATE _____ Year State Number
27. Gross Vehicle Weight Rating GVWR ☐
Registered Gross Vehicle Weight RGVW ☐ _____
TRAILER TYPE: 1-FULL TRAILER 2-SEMI-TRAILER 3-POLE-TRAILER

28. SIGNATURE [signature] 903463 METRO PD DIST. 3 DATE THIS SUPPLEMENT MADE 04-10-2003
Person Completing Supplement Department

Stock #:A304102

Associated Storage
3651 Jensen
Houston, TX 77026
(713)228-5519

Notification Letter
Date:4/14/2003
THIS IS NOT A RECEIPT

Texas Department of Transportation VSF License. No. 0513379VSF
Vehicles available for release within one (1) hour of notice, 24 hours a day

(Registered Owner of Vehicle from MVR response)
[redacted]
HOUSTON, TX [redacted]

(Registered Lien Holder from MVR response)
FORD MOTOR CREDIT COMPANY
P O BOX 105704
ATLANTA, GA 30348

This vehicle storage facility is in possession of a 1999 Ford Contour bearing TX license plate H67KWF and Vehicle Identification number 1FAFP6634X[redacted]

This vehicle tow was authorized by HPD/ACC from 8400 MESA, and accepted for storage on 04/10/2003 at 06:20p. The vehicle was towed by Snaps, Unit #444, 9846 Balsam, Houston, TX 77078.

Daily Storage Rate	$15.00 per day
Tow Fee	$83.00
Impound Fee	$10.00
Notification Fee	$32.00
Other Fees	$0.00
Sales Tax on Storage & Impound Fee	8.25%

You are advised that you may recover the vehicle by providing proof of ownership, photo identification, and paying all charges. Total storage charges cannot be computed until vehicle is claimed. The storage charge will accrue daily until the vehicle is released: Vehicle Reference number is *A304102* when talking with Vehicle Storage Facility Personnel.

Chapter 685. Rights of Owners and Operators of Stored Vehicles

§685.001. Definitions.
In this chapter:
(1) "Vehicle storage facility" has the meanings assigned by the Vehicle Storage Facility Act, Article 6687-9a, Revised Statutes. (2) "Parking facility," "towing company" and "vehicle" have the meanings assigned by Section 684.001.
§685.002. Payment of cost of removal and storage of vehicle.
(a) If, a hearing held under this chapter the court finds that a person or law enforcement agency authorized, with probable cause, the removal and storage of a vehicle storage facility of a vehicle, the person who requested the hearing shall pay the costs of the removal and storage. (b) If, a hearing held under this chapter the court does not find that a person or law enforcement agency authorized, with probable cause, the removal and storage of a vehicle storage facility of a vehicle, the person or law enforcement agency that authorized the removal shall (1) pay the costs of the removal and storage or (2) reimburse the owner or operator for the cost of the removal and storage paid by the owner or operator.
§685.003. Right of owner or operator of vehicle to hearing.
The owner or operator of a vehicle that has been removed and placed in a vehicle storage facility without the consent of the owner or operator of the vehicle is entitled to a hearing on whether probable cause existed for the removal and placement.
§685.004. Jurisdiction.
(a) A hearing under this chapter is before the justice of the peace or a magistrate in whose jurisdiction is the location from which the vehicle was removed, except as provided by Subsection (b). (b) In a municipality with a population of 1,700,000 or more, a hearing under this chapter is before a judge of a municipal court in whose jurisdiction is the location from which the vehicle was removed.
§685.005. Notice by vehicle owner or sponsor.
(a) If before a hearing held under this chapter the owner or sponsor of a vehicle pays the costs of the vehicle's removal or storage, the towing company or vehicle storage facility that received the payment shall on the request of payment give the owner or sponsor written notice of the person's rights under this chapter. (b) The operator of a vehicle storage facility that fails to comply with Section 13, Vehicle Storage Facility Act (Article 6687-9a, Revised Statutes), shall include with that notice a notice of the person's rights under this chapter.
§685.006. Contents of notice.
(a) The notice under Section 685.005 must include (1) a statement of (A) the person's right to submit a request within 14 days for a court hearing on the towing or storage prohibition subject to recognition vehicle; (B) the information that a request for a hearing must contain; and (C) any filing fee for the hearing; (2) the name, address, and telephone number of the towing company that removed the vehicle; (3) The name, address, and telephone number of the vehicle storage facility in which the vehicle was placed; and (4) The name, address, telephone number of one or more of the appropriate employees or department under Subsection (b). (b) The notice must include the name, address, and telephone number of: (1) the municipal court of the municipality, if the towing company that removed the vehicle or the vehicle storage facility in which the vehicle was placed is located in a municipality; or (2) the justice of the peace of the precinct in which the towing company or the vehicle storage facility is located, if the towing company that removed the vehicle or the vehicle storage facility in which the vehicle was placed is not located in a municipality.
§685.007. Request for hearing.
(a) Except as provided by Subsection (b), a person entitled to a hearing under this chapter must deliver a written request for the hearing to the court before the 14th day after the date the vehicle was removed and placed in the vehicle storage facility, excluding Saturdays, Sundays, and legal holidays. (b) A request for hearing must provide: (1) the name, address, and telephone number of the owner or operator of the vehicle; (2) the location from which the vehicle was removed; (3) the date when the vehicle was removed; (4) the name, address, and telephone number of the person or law enforcement agency that authorized the removal; (5) the name, address, and telephone number of the vehicle storage facility in which the vehicle was placed; (6) the name, address, and telephone number of the towing company that removed the vehicle; (7) a copy of any receipt or notification that the owner or operator received from the towing company or the vehicle storage facility; and (8) if the vehicle was removed from a parking facility: (A) one or more photographs that show the location and text of any sign posted at the facility containing parking of vehicles; or (B) a statement that no sign restricting parking was posted at the parking facility. (c) If notice was not given under Section 685.005, the 14-day deadline for requesting a hearing under Subsection (a) does not apply, and the owner or operator of the vehicle may deliver a written request for a hearing at any time. (d) A person who fails to deliver a request in accordance with Subsection (a) waives the right to a hearing.
§685.008. Filing fee; waiver fee.
The court may charge a filing fee of $20 for a hearing under this chapter.
§685.009. Hearing.
(a) A hearing under this chapter shall be held before the seventh working day after the date the court receives the request for the hearing. (b) The court shall notify the person who requested the hearing and the person or law enforcement agency that authorized the removal of the vehicle of the date, time, and place of the hearing. (c) The sole issue in a hearing under this chapter is whether probable cause existed for the removal and placement of the vehicle. (d) The court shall make written findings of fact and a conclusion of law. (e) The court may award (1) court costs to the prevailing party, and (2) the reasonable cost of photographs submitted under Section 685.007(b)(8) to a vehicle owner or operator who is the prevailing party.

Houston Municipal Courts
1400 Lubbock
Houston, TX 77002-1535
(713) 207-5100

Complaints may be directed to the Texas Department of Transportation, Motor Carrier Division, MCD-CR, 150 East 41st Street, Austin, TX 78752-5483, telephone 1-800-298-1760.

SANDRA R WILLIAMS
8934 LINDA VISTA RD
HOUSTON, TX 77078

<<A304102>>

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 300
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

January 22, 2004

[redacted]
Houston, TX [redacted]

Re: 1999 Contour

Daar Ms. [redacted]

Thank you for the information you submitted with respect to your claim. A review of the information you sent indicates that there was not enough frontal impact force to trigger air bag deployment. Therefore we must deny liability for this matter.

Please be advised that air bags inflate only in impacts that generate sufficient deceleration. The fact that your air bag did not activate in a collision does not mean that something is wrong with the system. Rather, it means the system determined that the crash severity was not sufficient to deploy the air bags. Air bags are designed to deploy in frontal or near frontal collisions, not rear end accidents. Also, accidents involving a rear-end collision followed by a frontal impact such as yours typically do not generate sufficient deceleration to activate the air bags. Please be advised that the main objective of the air bag supplemental restraint system is to reduce fatalities; not prevent injuries.

Should litigation ensue from this informal claim, please be advised that all necessary steps must be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial.

Sincerely,

Julie Szymanski

Julie Szymanski
Claims Analyst

ERMA MARTIN-HART
ATTORNEY AT LAW
20118 TWILIGHT CANYON
KATY, TEXAS 77449
832-265-3000-OFFICE
281-398-2688-FAX

June 9, 2003

Ford Motor Company
Consumer Affairs Department
P.O. Box 6248 MD-3NE-B
Dearborn, MI. 48126
RE: Sandra E. Williams

To Whom It May Concern:

Please be advised that this will serve as your second notice of the above-referenced client's products liability claim. As you know, the air bags in my client's 1999 Ford Contour failed to deploy upon impact during a serious automobile accident. Please be further advised that my client's car is temporarily housed at the Insurance Auto Auction located at 12575 Hiram Clarke Rd., Houston, Texas 77045. Please refer to stock number 116020 when inquiring about the car. The title to the car has been assigned to the Mercury Mutual Insurance Company as full and final settlement of my client's property damage claim against a third party. The car will not be available for your inspection for much longer, so I advise that an investigator be dispatched to the car's location in order to gather evidence regarding the products

liability claim. Thank you, and please contact this office with any questions or concerns.

Erma Martin-Hart

Attorney at Law

(49)

Office of the General Counsel

Ford Motor Company
Parklane Towers West
Suite 300
Three Parklane Boulevard
Dearborn, Michigan 48126-2568

[redacted]

December 2, 2003

Houston, T[redacted]

Re: 1999 Contour

Dear M[redacted]

We acknowledge your recent contact to Ford Motor Company. Your concern has been directed to this Office for further handling. In order to evaluate this matter, we request that you provide us with all the following information by completing and returning this form:

1. Please provide a copy of each of the following documents and check the box indicating that each item is attached.
   - ☐ A copy of the police/fire report. If a police/fire report was not made, attach a separate sheet of paper providing a complete description of the incident.
   - ☐ Medical records for each person alleged injured from all treating physicians/facilities
   - ☐ Medical bills for each person alleged injured from all treating physicians/facilities.
   - ☐ Original photographs or laser copies of the vehicle's collision/fire damage from several different angles.
   - ☐ Original photographs or laser copies of the inside of vehicle showing the steering wheel, dash and roof areas.
   - ☐ Repair estimate or repair order
     OR
   - ☐ Total loss worksheet with copies of draft payments
   - ☐ Complete service history for vehicle including tune ups and oil changes.

2. For each person alleged injured provide the following: (If there are additional names continue on back.)

Name: [redacted]	Name: [redacted]
Addres[redacted] Houston, Tex [redacted]	Addre[redacted] Houston, Tex [redacted]
Spouse's Name: deceased	Spouse's Name: Un married
DOB: 11-30-45	DOB: 2-24-82
Soc Security[redacted]	Soc Security[redacted]
Occupation: Cashier	Occupation: Student
Injury: Shoulder, Knee + Back	Injury: Knee, forehead

3. Please specify what you believe is defective, if anything, with your vehicle.

The driver + passenger air bag did not deploy.

4. Has the alleged defective vehicle/part been repaired or replaced? (Yes) (No) Car was totalled

5. Please provide the current location of the vehicle (you may need to contact your insurance company to provide this information)
Car is temporarily housed at the Insurance Auto Auction located at 12575 Riverside Park Rd., Houston, Tex 77045. Stock # 1160 00 When inquiring about the car

6. Has an insurance company been advised of this incident? (Yes) No
If yes, please provide name, address and phone number of insurance company and adjuster's name and claim number.
P.O Box 73085 Adjuster's name Mattree Duncan
Mercury Mutual Insurance Co. Houston, Tex 77273 Claim # WX902179-58

7. What are you seeking from Ford Motor Company in this matter? Vehicle replacement, Pain + suffering and I want to be paid for out of pocket expenses for the injuries I suffered due to air bags not deploying.

Please note that we need all the information requested above to evaluate this matter. Your concern will not be evaluated until all the above information is submitted. Please feel free to provide any other additional information that may be helpful to us in evaluating this matter.

Once we are in receipt of all the requested information, it will be reviewed and you will be notified of our decision concerning your claim. Should you not send all of the requested information and materials within 45 days, we will assume that you are not interested in pursuing a claim and we will close our file. Please note that your vehicle will not be inspected until all the above information has been submitted and a determination has been made as to whether an inspection is warranted.

Should you decide to pursue a claim against Ford Motor Company, please be advised that all necessary steps should be taken to ensure that the subject vehicle and all of its component parts are maintained and preserved for trial. Ford Motor Company has the right to inspect the vehicle and remove and test any component part that you claim to be defective, and to be presented with the vehicle and the subject component part(s) at the time of trial.

If you propose to repair the vehicle for continued usage, such repairs may not be performed until after Ford Motor Company has inspected the vehicle and removed and tested any component part you claim to be defective or advised you in writing that it does not intend to perform such inspection and/or testing at this time. But even in that event, Ford Motor Company will insist that all components claimed to be defective are maintained and preserved for trial.

Sincerely,

Julie Szymanski

Julie Szymanski
Claims Analyst