



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

FOR AGENCY USE ONLY 335

Date Received

2004 APR -1 PM 12:18
06-FEB-2004

Repository

Reference No.
10057873

OWNER INFORMATION (Type or Print)

Name

Address

City

PLAINVILLE

State

KS

Zip Code

Daytime Telephone Number

E-mail Address

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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNEC16K5S3351132

Make

CHEVROLET

Model

SUBURBAN

Model Year

1995

Date Purchased

9-4-2004

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

2/2/04

Failure Mileage

Failure Speed

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: DOTM18ABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

NY

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).

DUE TO ICY ROAD CONDITIONS DRIVER LOST CONTROL OF THE VEHICLE AND HIT A CONCRETE WALL. UPON IMPACT, NONE OF THE AIR BAGS DEPLOYED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

- FATAL INJURY
- PDG over \$500
- PDG under \$500
- PRIVATE PROPERTY

STATE OF KANSAS MOTOR VEHICLE ACCIDENT REPORT

DOT FORM NO. 850

- Amended Report
- Hit & Run Accident
- KDOT Property Damage
- KDOT Construction Zone

KDOT Rev. 1-2009 APR 08 v. 20080221.5a 40-110-04

Highway 30-2	COUNTY EV	On Road I-135	Speed Limit 70	CITY Newton	Photos By None	Local Case Number 2004001500	Page of 1 / 2
Distance 0.3	FROM M	DR. N	AT S. U-50 Jct	Investigating Dept. Kansas Highway Patrol	Investigating Officer T. Blosser	Badge Number 253	<i>[Signature]</i>



Description pre-accident movement or action and direction of vehicle and pedestrian by traffic unit number.

Vehicle No. 1 was southbound on I-135 when it slid on an icy bridge. It struck the outside concrete guardrail with its right front. It came to rest in the roadway facing west.

Date of Accident
02/02/2004

TIME Occurred	DAY
09:20	MO
TIME Notified	DAY
09:25	MO
TIME Arrived	DAY
09:35	MO

Object Damaged and nature of damage (Show location in diagram)
Concrete Bridge Railing

Name and Address of object owner
State of Kansas

County	City Code	Agency Code	Distance	Reference Road 1	Distance	Reference Road 2	Code	Other Class
			N	M	E	M		

Unit 01	Driver <input type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)	Phone <input type="checkbox"/> Work <input type="checkbox"/> Home	Color RED	YEAR 1995	MAKE CHEV	MODEL & BODY STYLE SUB LL	NC CO.
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Driver's License State and Number	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
KS		11/11/1963	F	1GNEC16K58J351132	141521

OWNER Address (Owner if Driver)	City	State	Zip Code	Special Data Area	Director of Travel	Policy Number
	Plainville	KS			S	

Special Conditions for unit above:	<input type="checkbox"/> 01 Hit & Run	<input checked="" type="checkbox"/> 02 Non-Contact	<input type="checkbox"/> 03 Station	<input type="checkbox"/> 04 Legally parked	<input type="checkbox"/> 05 Police pursuit	<input type="checkbox"/> 06 Debris	<input type="checkbox"/> 07 Towed away
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Unit 01	Driver <input type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)	Phone <input type="checkbox"/> Work <input type="checkbox"/> Home	Color	YEAR	MAKE	MODEL & BODY STYLE	NC CO.
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TRAP UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USED	EJECT TRAP	BUI SEV	EMR UNIT
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01	01				Plainville KS	F	40	S	N	N	
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INJURED TAKEN BY:	INJURED TAKEN BY:	INJURED TAKEN BY:
M A	M B	M C

INJURED TAKEN BY:	INJURED TAKEN BY:	INJURED TAKEN BY:

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DoPd	Violation Charged	Classion No.	DoPd	Violation Charged	Classion No.	DoPd	Violation Charged	Classion No.
DoPd	Violation Charged	Classion No.	DoPd	Violation Charged	Classion No.	DoPd	Violation Charged	Classion No.

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES (Factor Type) (List Number) (Specific Factor) Enter in order of codes that apply

D1 06

01 LIGHT 01 Daylight 02 Dusk 03 Dark 04 Basic street lights on 05 Basic no street lights		TRAFFIC CONTROLS (Control Road) (Control Intersection) 06 Temp Present 07 None 08 Other		08 ACCIDENT CLASS 00 Other non-collision 01 Overhead 02 Pedestrian 03 Other motor vehicle 04 Pedestrian motor vehicle 05 Pedestrian 06 Motorcycle 07 Animal (specify) 08 Road object 09 Other object		*COLLISION WITH OTHER MOTOR VEH. 01 Head on 02 Rear end 03 Angle - side impact 04 Side-impact opposite direction 05 Side-impact same direction 06 Struck into 08 Other	
00 WEATHER 01 No adverse conditions 02 Rain, sleet, drizzle 03 Snow 04 Fog 05 Storm 06 Strong winds 07 Blowing dust, sand, etc. 08 Freezing rain 09 Other		09 ROAD CHARACTER 01 Straight and level 02 Straight on grade 03 Straight at hillcrest 04 Curved and level 05 Curved on grade 06 Curved at hillcrest 08 Other		21 ACCIDENT LOCATION ON ROADWAY: 11 Non-intersection 12 Intersection 13 Intersection-related 14 Parking lot or driveway access 15 Interchange area 16 On onramp OFF ROADWAY: 21 Roadside (excluding shoulder) or median 22 Parking lot, rest area, tollway 23 Other		**FIXED OBJECT TYPE 01 Bridge structure 02 Bridge abut 03 Cash machine (atm) 04 Dumpster, machine heater 05 Overhead sign support 06 Utility devices: pole, meter, etc. 07 Other post or pole 08 Building 09 Guardrail 10 Sign post 11 Culvert 12 Curb 13 Paved area 14 Hydrant 15 Barbed wire 16 Mailbox 17 Clock 18 Embankment 19 Wall 20 Tree 21 RR crossing barrier 22 Other	
01 SURFACE TYPE 01 Concrete 02 Asphalt 03 Gravel 04 Dirt 05 Brick 08 Other		05 01 Concrete 02 Asphalt 03 Gravel 04 Dirt 05 Brick 08 Other		01 ROAD SPECIAL FEATURES Identify up to three 01 None 02 Bridge 03 Bridge overpass 04 Railroad crossing 05 Interchange 06 Ramp 07 Railroad bridge 08 Other		Enter any vehicle identifier: Make Model Year	
04 SURFACE CONDITION 01 Dry 02 Wet 03 Snow or slush 04 Ice or ice patches 05 Mud, dirt or sand 06 Debris (oil, etc.) 08 Other		06 DAMAGE LOCATION AREA - Vehicle 01 		05 VEHICLE BODY TYPE 01 Automobile 02 Motorcycle 03 Motorcoach or Moped 04 Van 05 Pickup truck 06 Sport Utility Vehicle 07 Camper or RV 08 Farm equipment 09 All terrain vehicle (ATV)		HEAVY/LARGE VEHICLES 10 Single large truck 11 Truck and trailer(s) 12 Trailer-trailer(s) 13 Close proximity bus 14 School bus 15 Transit bus 16 Train 17 Emergency vehicles 18 Other	
01 VEHICLE MANEUVER BEFORE CRASH 01 Straight-ahead 02 Left turn 03 Right turn 04 U-turn 05 Overtaking (passing) 06 Changing lanes 07 Arching/rearview 08 Merging 09 Parking 10 Stopping 11 Stopped awaiting turn 12 Stopped in traffic 13 Illegal parked 14 Disabled in roadway 15 Stopping or stopping 08 Other		DAMAGE LOCATION AREA - Vehicle 		06 VEHICLE LOCATION BEFORE IMPACT IN INTERSECTION 01 In crosswalk or driveway 02 Not in crosswalk or driveway 03 In intersection without crosswalk or driveway NOT IN INTERSECTION 11 In available crosswalk or driveway 12 Not in available crosswalk or driveway 13 In area without crosswalk or driveway 14 NOT IN ROADWAY		PEDESTRIAN ACTION 01 Entering or crossing road 02 Waiting or riding on road 03 Approaching, leaving, or waiting on vehicle 04 Waiting (not on vehicle) 05 Playing or standing 06 Approaching or leaving bus 07 In parked vehicle 08 Other	
03 VEHICLE DAMAGE 00 None/None known 01 Damage (minor) 02 Functional 03 Disabled 04 Destroyed 08 Other		03 VEHICLE DAMAGE 00 None/None known 01 Damage (minor) 02 Functional 03 Disabled 04 Destroyed 08 Other		01 DR. LIC. COMPLY (Code each driver) 00 Not licensed 01 Valid license 02 Invalid license		00 RESTRICT. COMPLY (Code each driver) 00 No restrictions 01 Complied with 02 Did not comply	
01 DR. LIC. COMPLY (Code each driver) 00 Not licensed 01 Valid license 02 Invalid license		00 RESTRICT. COMPLY (Code each driver) 00 No restrictions 01 Complied with 02 Did not comply		SUBSTANCE USE AP - Alcohol Present AC - Alcohol Contributed DP - Drug Present DC - Drug Contributed MP - Medication Present MC - Medication Contributed		DRIVER/PEDESTRIAN TEST PR - Alcohol or drug Test Refused PT - Positive preliminary Test NP - Test given, Results Pending ← B.A.C. →	