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 252

Date Received	Repository
29-JUN-2004	Reference No. 10090128

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City CHICAGO | State IL | Zip Code [redacted]
Daytime Telephone Number [redacted] | E-mail Address [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 provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 7/19/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B3EJ46X[redacted]	DODGE	STRATUS	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	Rizza Chevy 708-594-6400				Gas
Original Owner ☒	Dealer's City Bridgeview	State IL	Zip Code 60455		

Transmission Type			Vehicle Component Code
	☒ Antilock Brakes ☐ Cruise Control	Powertrain: 4 WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
29-JUN-2004	51279	40

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 CONSUMER APPLIED THE BRAKES AND PEDAL WENT TO THE FLOOR. CONSUMER WAS UNABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND COLLIDED WITH ANOTHER VEHICLE. UPON IMPACT, BOTH FRONTAL AIR BAG DID NOT DEPLOY. DRIVER WAS INJURED, AND WENT TO THE HOSPITAL ON HER OWN. VEHICLE WAS TOTALED OUT BY THE INSURANCE COMPANY. *AK

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

DAIMLERCHRYSLER

DaimlerChrysler
Motors Company LLC

March 13, 2001

[redacted]

Reference NO.: LZ139532

VIN: [redacted] 1B3EJ46X8Y[redacted]

Dear [redacted]

This will acknowledge your recent inquiry about the air bags in your 2000 Dodge Stratus.

Please rest assured, we appreciate and share your concerns about vehicle safety. It's important for you to remember that we don't just design and build vehicles, we also drive them, as do most of our families and friends. We have some very close and personal interest in what happens about vehicle safety. Like you, our families depend on us to provide them with safe and dependable transportation.

All DaimlerChrysler vehicles meet or exceed Federal Motor Vehicle Safety standards, and as a result, the air bag and seat belt systems are thoroughly tested and evaluated for compliance. Over time, these systems have

Seat belts are the primary safety restraint device in your vehicle, while the purpose of the air bag is to deploy when the major direction of the impact is from the front of the vehicle towards the back of the vehicle. Many times the vehicle damage may lead you to believe that the air bag should have deployed, however, this can be deceiving. Large amounts of fender, or sheet metal, damage indicate that the crumple zones in the front of the vehicle did their job, absorbing the energy, and as a result the air bags were not needed.

Based on our experience, air bags do not deploy in many real world accidents. As you may know, any fault with the air bag system prior to the accident would have caused the air bag warning light to come on, and stay on, past its normal 4-10 second self-check following vehicle start-up. The fact that the air bag light was functioning properly indicates that the system was fully operational if needed, and that the deceleration, or severity, of the accident did not meet the deployment thresholds.

From the information you provided, it is evident that the parameters for air bag deployment were not met. Complete information regarding your vehicle's safety restraint systems can be found in your Owner's Manual.

Thank you for allowing us the opportunity to address

Sincerely,

M. H. Marsell
Special Investigations
(248) 944-7038

(248) 944-7038

A subsidiary of the DaimlerChrysler Group

DaimlerChrysler Motors Company LLC
PO Box 21-8004
[illegible] 48121-8004
Phone 800.992.1997

Use black ink

ILLINOIS MOTORIST REPORT

7869012

REPORTING AGENCY: ILLINOIS STATE POLICE

TYPE OF REPORT: ON-SCENE / NOT ON-SCENE / AMENDED

A No Injury / Drive Away

B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.: 03 04 - 3241

EBS NO. (OPTIONAL)

HIGHWAY or STREET NAME: I-94 NL

MILE/KM (CIRCLE)

COUNTY: Cook

INTERSECTION RELATED

PRIVATE PROPERTY

HIT & RUN

DATE OF CRASH: 03/11/04

TIME: 12:50 AM / PM

LARS CODE

ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER $400

NUMBER MOTOR VEHICLES INVLD: 2

AT INTERSECTION WITH

NAME OF INTERSECTION OR ROAD FEATURE

DRIVER

NAME (LAST, FIRST, M.I.): [redacted]

DRIVER / PED / PEDAL / EQUES / MAN / NOT

DATE OF BIRTH: 05/02/74

SEX: F

AGE: 29

AIR

INJURY: NONE

EJECT

STATE

CLASS: D

DRIVER LICENSE NO: [redacted]

LICENSE AGENCY

STREET ADDRESS: [redacted]

CITY

STATE

ZIP

TELEPHONE

VEHICLE

MAKE: Dodge

MODEL: Stratus

YEAR: 02

PLATE NO.: [redacted]

STATE

YEAR

VIN: 1B3EJ46[redacted]

VEHICLE OWNER (LAST, FIRST M.I.): [redacted]

OWNER ADDRESS (STREET OR RFD, APT. NO.)

Same Driver

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)

00 - NONE

10 - UNDER CARRIAGE

11 - TOTAL (ALL AREAS)

12 - OTHER

99 - UNKNOWN

POINT OF FIRST CONTACT: 1

TOWED: Y [X] N [ ]

FIRE: Y [ ] N [X]

HAZMAT SPILL: Y [ ]* N [X]

DOM VEH: Y [ ]* N [X]

INSURANCE CO.: Yale

TELEPHONE

POLICY NO.: [redacted]

PASSENGER

NAME (LAST, FIRST, M.I.): [redacted]

DRIVER / PED / PEDAL / EQUES / MAN

DATE OF BIRTH: 11/19/79

SEX: M

AGE: 24

AIR

INJURY: NONE

EJECT

STATE

CLASS: D

DRIVER LICENSE NO: [redacted]

LICENSE AGENCY

STREET ADDRESS: [redacted]

CITY: Glenwood

STATE: IL

ZIP: [redacted]

TELEPHONE: (708) 758-5[redacted]

SEATED

VEHICLE

MAKE: Honda

MODEL: Accord

YEAR: 92

PLATE NO.: [redacted]

STATE: IL

YEAR

VIN: 1HGCB72[redacted]

VEHICLE OWNER (LAST, FIRST M.I.): [redacted]

OWNER ADDRESS (STREET OR RFD, APT. NO.)

Same Driver

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)

00 - NONE

10 - UNDER CARRIAGE

11 - TOTAL (ALL AREAS)

12 - OTHER

99 - UNKNOWN

POINT OF FIRST CONTACT: 2

TOWED: Y [ ] N [X]

FIRE: Y [ ] N [X]

HAZMAT SPILL: Y [ ]* N [X]

DOM VEH: Y [ ]* N [X]

INSURANCE CO.: [redacted]

POLICY NO.

Was driver (owner) of other vehicle involved? YES [ ] NO [ ] NOT KNOWN [ ]

Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check box(es). [ ]

POLICE OFFICER INVESTIGATE ACCIDENT? YES [X] NO [ ]

APPROXIMATE COST TO REPAIR YOUR VEHICLE: $

YOUR INSURANCE

If you will not give full information below it will be assumed that you did not have a motor vehicle liability insurance policy and you may be subject to other applications of the Safety Responsibility Law.

Were you covered by a liability insurance policy at the time of the crash? YES [ ] NO [ ]

Full name of your insurance company (not agent) which issued policy to cover liability for damages or injury to others

Policy No.

Policy Period: From To

Name of Policy Holder

M1201

Use Black Ink

ILLINOIS MOTORIST REPORT

Copies of IL State Police Reports may be obtained by sending a check or money order for $5 per copy made payable to:
IL State Police
Attn: Accident Report Unit
500 Iles Park Place
Springfield, IL 62718

NOTE: If crash occurred on IL Tollway system, send a check or money order for $ payable to:
IL Tollway Highway Authority
Attn: IL State Police Dist. 15
One Authority Drive
Downers Grove, IL 60515

INVESTIGATED BY
ILLINOIS STATE POLICE

TYPE OF REPORT
[X] ON-SCENE
[ ] NOT ON-SCENE
[ ] SUPPLEMENTARY

[ ] A No Injury / Drive Away
[X] Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.
03 04 3241

DOT CONTROL NUMBER 7869012

ADDRESS NO. (IF KNOWN) M.P. 5303
HIGHWAY or STREET NAME I-90 NB
CITY (OR TOWNSHIP) [CIRCLE] EX-2
INTERSECTION RELATED [ ] Yes [X] No
PRIVATE PROPERTY [ ] Yes [X] No
HIT & RUN [ ] Yes [X] No
DATE OF CRASH 03/11/04
TIME 6:50 [ ] AM [X] PM
ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER $500 [X] Yes [ ] No
NO. MOTOR VEHICLES INVLD 3
LARS CODE ND
LARS CODE Signal

DIRECTION [CIRCLE] N E S W
AT INTERSECTION WITH
NAME OF INTERSECTION OR ROAD FEATURE
COUNTY Cook

DRIVER

NAME (LAST, FIRST, M.I.) [X] DRIVER [ ] PED [ ] PEDAL [ ] EQUIP [ ] PARK [ ] HOV
[redacted] ALI
STREET ADDRESS [redacted] BLVD
CITY Chicago STATE IL ZIP [redacted]
TELEPHONE [redacted] DRIVER LICENSE NO. [redacted]
TAKEN TO EMS AGENCY

DATE OF BIRTH [redacted]
SEX M
SAFT 9
AIR 5
INJURY 0
EJECT 1
STATE IL
CLASS D

MAKE Ford
MODEL Crown Victoria
YEAR 00
PLATE NO. [redacted]
STATE IL
YEAR 04
VIN 2FAFP72W0YX[redacted]
VEHICLE OWNER (LAST, FIRST M.I.) Monarch Cab Co
OWNER ADDRESS (street, city, state, zip) 2553 W Belmont Ave Chicago, IL 60618

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT 5
REAR

INSURANCE CO. Arrowpoint Cas Ins Co
TELEPHONE
POLICY NO. [redacted]

TOWED DUE TO DAMAGE Y [ ] N [ ]
OTHER Y [ ] N [ ]
FIRE Y [ ] N [ ]
HAZ MAT. Y [ ]* N [ ]
COM VEH Y [ ]* N [ ]

DRIVER

NAME (LAST, FIRST, M.I.) [ ] DRIVER [ ] PED [ ] PEDAL [ ] EQUIP [ ] PARK
STREET ADDRESS
CITY STATE ZIP
TELEPHONE DRIVER LICENSE NO.
TAKEN TO EMS AGENCY

DATE OF BIRTH / /
SEX
SAFT
AIR
INJURY
EJECT
STATE
CLASS

MAKE
MODEL
YEAR
PLATE NO.
STATE
YEAR
VIN
VEHICLE OWNER (LAST, FIRST M.I.)
OWNER ADDRESS (street, city, state, zip)

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT
REAR

INSURANCE CO.
TELEPHONE
POLICY NO.

TOWED DUE TO DAMAGE Y [ ] N [ ]
OTHER Y [ ] N [ ]
FIRE Y [ ] N [ ]
HAZ MAT. Y [ ] N [ ]
COM VEH Y [ ] N [ ]

Was driver (owner) of other vehicle insured? YES [ ] NO [ ] NOT KNOWN [ ]
Was you driving a vehicle owned by your employer, in the course of your employment? If yes, check square. [ ]

DID POLICE OFFICER INVESTIGATE ACCIDENT? YES [ ] NO [X]

APPROXIMATE COST TO REPAIR YOUR VEHICLE $

INJURED / DECEASED	UNIT #	AGE	SEX	ADDRESS
NAME				
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLE
APPROXIMATE COST TO REPAIR $
PROPERTY OWNER'S NAME
PROPERTY OWNER'S ADDRESS

VIN
MAKE
ADDRESS
DATE

Signature of person making report

DO NOT CUT BOTH SIDES OF THIS FORM

YOUR INSURANCE

If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.

Were you covered by a liability insurance policy at the time of the crash? [ ] YES [ ] NO

Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others.

Name and address of representative who sold policy

Policy Number

Policy Period
From To

Name of Policy Holder

M0196

LANG'S TOWING

8301 COTTAGE GROVE, CHICAGO, ILL. 60619 • (773) 288-0374
6727 SOUTH STATE STREET, CHICAGO, ILL. 60621 • (773) 924-1403
LIGHT & HEAVY DUTY TOWING
IL CC 47639MCC

15752
3-11-04
20

I.O.

P.O.

NAME

ADDRESS

PHONE

☐ CHARGED ☐ PAID

MAKE OF CAR

LOCATION

DESTINATION

LICENSE NO.

DRIVER'S NAME

RECEIVED BY

ADVANCE CHARGES	$
TOWING SERVICE	$
WINCHING	$
LABOR	$
MILES TOWED	$
PARTS	$
PARKING OR STORAGE	
WAITING TIME	
TAX	$
TOTAL	$

WHITE - CUSTOMER
YELLOW - OFFICE
PINK - ACCOUNTING

CUSTOMER'S OWN RISK FOR: VALANCE & [illegible] STEERING, PERSONAL PROPERTY LEFT IN CARS, DAMAGE CAUSED BY FAULTY TIRES, & NOT RESPONSIBLE AFTER CAR IS DROPPED.