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 1367

Date Received	Repository ☐
12-NOV-2004	Reference No. 10099833

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City HOBART Portage	State IN	Zip Code	

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 11/27/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B7FL26N11S	DODGE	DAKOTA	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	Boutnane Dodge Inc. 1-800-421-9246			8	unleaded
Original Owner ☐	Dealer's City Merrillville	State IN	Zip Code		

Transmission Type			Vehicle Component Code
Automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain	190000 TIRES Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~08-NOV-2004~~ 04-NOV-2004	7,000	65 mph	Truck itself had 50,000 miles on it. But the tires are from original date of purchase. Dealer said they were relatively new.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
GOODYEAR	EAGLE LS	P225-65R16

DOT No. (Example: DOTMALBABC036)		
T305837-88W-87M14MWS	☒ Original Equipment ☐ Prior Repair	Failure Location: DRIVER SIDE FRONT

Tire Component Code	Tire Failure Type
190000 TIRES	BLOWOUT

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		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).

COMPLAINT RECEIVED VIA E-MAIL. DRIVER'S SIDE GOODYEAR TIRE BLEW WOUT, CAUSING A COLLISION AND BODILY INJURIES ON INTERSTATE 94. VEHICLE SPUN OUT OF CONTROL AND HIT A CONCRETE MEDIAN HEAD-ON. *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)

Alicia D. Jubovich was the Driver & only passenger. Description written by Alicia. I was driving on I-80/94 going west bound just before exit 16. The car jerked to the right & I turned the wheel & the truck spun & hit the median head on & spun back around & stopped facing on coming traffic next to the median. When I stepped out of the truck I saw that the front left tire was flat. The accident happened Nov. 4, 2004 @ 10:11AM. The weather on that day, it was raining. The air bags (both) did go off & the driver was wearing a seatbelt. There was injury to the Driver on the left knee, left clavicle, hips, & the neck. The driver's injury to her neck was whiplash. There was nothing broken.

ATTACH ADDITIONAL SHEETS IF NECESSARY

GARY IN 46401
PM
7 DEC
2004

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

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
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INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

Page 1 of 3

Mail to: Indiana State Police, Crash Records Section, 100 North Senate Avenue, Indianapolis, IN 46204

900352999

Local ID: 101008

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Occ
11/04/2004	Thu	10:11 AM	LAKE	HOBART	1	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/Mile Marker/Interchange	If not in Intersection, number of feet from	Direction	Road Classification
I90	16.0			INTERSTATE

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	LAKE STATION	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
JULOVICH,ALICIA,D			

	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Driver Contributing Circumstances					
Alcoholic Beverages					
Illegal Drugs					
Prescription Drugs					
Driver Asleep or Fatigued					
Driver Illness					
Unsafe Speed		X			
Failure to Yield					
Disregard Signal					
Left of Center					
Improper Passing					
Improper Turning					
Improper Lane Usage					
Following Too Closely					
Unsafe Backing					
Overcorrecting					
Ran off Road					
Wrong Way on One Way					
Pedestrian's Action					
Passenger Distraction					
Restriction Violation					
Jackknifing					
Cell Phone Usage					
Other Telematics					
Driver Distracted					
Speed/Weather Conditions					
Other					
None					

	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Vehicle Contributing Circumstances					
Engine Failure or Defective					
Accelerator Failure or Defective					
Brake Failure or Defective					
Tire Failure or Defective		X			
Headlight(s) Defective or Not On					
Other Lights Defective					
Steering Failure					
Windows/Windshield Defective					
Oversize/Overweight Load					
Insecure/Leaky Load					
Tow Hitch Failure					
Other					
None					
Environment Contributing Circumstances					
Glare					
Roadway Surface					
Holes/Ruts in Surface					
Shoulder Defective					
Road Under Construction					
Severe Crosswinds					
Obstruction Not Marked					
Lane Marking Obscured					
View Obstructed					
Animal/Object in Roadway					
Traffic Control Inop/Missing/Obscure					
Utility Work					
Other					
None	X				

Area Information

Hit and Run	NO
School Zone	NO
Rumble Strips	YES
Locality	URBAN
Light Condition	DAYLIGHT
Weather Conditions	RAIN
Surface Condition	WET
Type of Median	BARRIER WALL
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	STRAIGHT/GRADE
Roadway Surface	ASPHALT
Construction: NO	If Yes, Construction Type:
Traffic Control Device	LANE CONTROL
Traffic Control Device Operational?	
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash: $5001 TO $10000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

[X] Witness / [ ] Other Participant	# 1
(Last Name, First Name, MI)	
Address etc.	
Phone #	Location at Time of Crash: BEHIND VEH1 AND 1 LANE OVER
[ ] Witness / [ ] Other Participant	#
(Last Name, First Name, MI)	
Address etc.	
Phone #	Location at Time of Crash

Non-Motorist

(Last Name, First Name, MI)	
Non-Motorist Type	Non-Motorist Action
Apparent Physical Condition	
Cited?	Direction
Street/Highway	
Traffic Control?	If yes, was traffic control operational?

Type of Crash SAME DIRECTION SIDESWIPE

Narrative

D1 WAS WB IN THE LEFT LANE AND STATED SHE WAS TRAVELING AT 65 MPH. WHEN THE LEFT FRONT TIRE OF VEH1 BLEW OUT. D1 STATED SHE LOST CONTROL OF VEH1 AND STRUCK THE INSIDE CONCRETE BARRIER. WITNESS 1 STATED SHE WAS IN THE MIDDLE LANE AND SAW VEH1 BEGIN TO SPIN OUT OF CONTROL TOWARDS THE INSIDE SHOULDER.

VEH1 CAME TO FINAL REST ON THE INSIDE SHOULDER, AGAINST THE INSIDE WALL, AND FACING ONCOMING TRAFFIC.

Time Notified	Time Arrived	Other Location of Investigation			
10:16 AM	10:20 AM	AT SCENE ONLY			
Assisting Officer	ID No.	Agency	Investigation Complete? YES	Photos Taken? NO	
Assisting Officer	ID No.	Agency	Date of Report 11/04/2004		
Investigating Officer NORVELL, L	ID No. 5794	Agency ISP LOWELL 13	Reviewing Officer SGT WOOD		

UNIT INFORMATION

Local ID: 101008

900352899

1	Driver's Name (Last, First, MI):
Address (Street, City, State, Zip)	
HOBART IN	
Date of Birth: 01/10/1985	Age: 19
Gender: FEMALE	
Driver's License #:	Lic Type:
CDL Class:	Lic State: IN

Apparent Physical State: ☒ Normal; ☐ Had Been Drinking; ☐ Handicapped; ☐ Ill; ☐ Asleep/Fatigued; ☐ Drug/Medication; ☐ Unknown

Restrictions: ☐ Glasses/Contact Lenses; ☐ Outside Rearview Mirror; ☐ Daylight Driving; ☐ Automatic Transmission; ☐ Special Controls; ☐ Employment Only; ☐ Motorcycle Only; ☐ To/From Employment; ☐ Employer's Vehicle Only; ☐ State-Owned Vehicles; ☐ PP Chauffeurs Task Only; ☐ Power Steering; ☐ Special Restrictions; ☐ Probation DWI; ☐ Probation HTO; ☒ None

Test Given:	Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PST
Alcohol Results: PST	Certified Test: ☐ Pending
Drug Results:	

Unit #	Color	Vehicle Year	Make	Model	Style
1	BLU	2001	DODGE	DAKOTA	PK

# Occupants	Lic Year	License #	License State
1	2004		IN

# Axles	Speed Limit	Insured By	Phone Number
2	55	INDIANA	UNK

Registered Owner's Name (Last, First, MI): ☐ Same as Driver

Address (Street, City, State, Zip):

PORTAGE IN

Towed?	Towed To	Towed By
YES	HOBART	T AND K

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver
License #			Address (Street, City, State, Zip)
Veh Year	Make		

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver
License #			Address (Street, City, State, Zip)
Veh Year	Make		

Commercial Vehicle: Carrier's Name and Address:

HAZMAT Proper Shipping Name:

US DOT #	ICC #	State DOT #

Vehicle Identification #	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID #	Hazard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejected/Trapped: NOT EJECTED OR TRAPPED

SAIS No.	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Child?	IC Codes
☐ Infant; ☐ Misdemeanor; ☐ Felony	

Initial Impact Area: ☐ Undercarriage; ☐ Trailer; ☐ None; ☐ Unknown

Areas Damaged (Multiple): ☐ Undercarriage; ☐ Trailer; ☐ None; ☐ Unknown

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Vehicle Type: PICKUP

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
☐ One Lane	☐ Two Lanes	☐ Private Drive
☐ Two Lanes	☐ Multi-Lane Divided (3 or more)	☐ Alley
☑ Multi-Lanes (3 or more)	☐ Multi-Lane Undivided 2 way left turn	
	☐ Multi-Lane Undivided (3 or more)	

Collision Crash:

Non-Collision Crash: MEDIAN BARRIER

CTRL# 101008
11/04/2004
I-80 WB 18.0 MM
D1:

N

NOT TO SCALE