



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100215

Date Received

03-DEC-2004

Repository

Reference No.
10103057

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City RUPERT State ID Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

Evening Telephone Number [REDACTED]

E-mail Address [REDACTED] 11:27

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
KMAWF35H53A [REDACTED] Make HYUNDAI Model SONATA Model Year 2003

Date Purchased June 2004 Dealer's Name and Telephone Number Budget Auto Sales (208) 878-8874 Engine: No: Cylinders 4 Fuel Type:
Original Owner Dealer's City State Zip Code Blaine Idaho 83318

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-DEC-2004 Failure Mileage 73,744 Failure Speed 55 air bags didn't deploy

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: DOTM16ABC036) 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 1 Number of Deaths 0 Reported to Police 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 55 MPH CONSUMER'S VEHICLE COLLIDED WITH THE VEHICLE IN FRONT. UPON IMPACT, BOTH FRONTAL AIR BAGS FAILED TO DEPLOY. DRIVER SUSTAINED MAJOR INJURIES, AND WAS TRANSPORTED TO A HOSPITAL BY AMBULANCE. VEHICLE WAS TOWED TO A GARAGE FOR INSPECTION. *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.

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

The whole dash came forward and everything inside car broke but not even than did air bags deploy. I would think it would as to how bad the car was the passenger side was damage real bad too but even then did the air bags deploy I don't know how bad it would have to hit to deploy but my son could have been killed if it hadn't been for the grace of God my son could have been dead. I read on the owners manual it has to hit certain ways but like I said when the whole front dash board come forward you would think the air bags would deploy but they didn't. my son complains about his back, leg and arm. We took him to hospital coz he was in alot of pain. ~~My~~ Car was total loss.

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



ALWAYS USE ZIP CODE 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

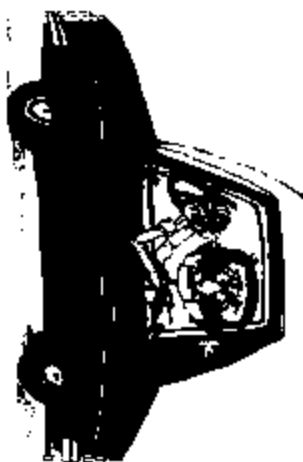
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

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
www.nhtsa.dot.gov/hotline

Idaho Vehicle Collision Report

FD-90 5-85M 27-010502-0 Revised 11/20/05

Agency Code **3400** Officer # **383** Report District **4** Case No. **[REDACTED]**

Date of Collision	Day of Collision	Time	Police Dispatched	Police Arrived	EMS Dispatched	EMS Arrived	Location	Miles <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF Rupert		
11/30/2004	Tuesday (3)	21:53	21:55	21:59	21:55	22:00	1			
If Collision location is in:	Complete Box #	Name of Street	<input type="checkbox"/> On Private Property		# of Lanes	Posted Speed	County	Interchange #		
Intersection of 2 streets	1, 2	1 ON Highway 24			4	55	Minidoka			
Intersection of Street and:	1, 2, 3	In the Intersection with:		Posted Speed	R. R. Crossing #	Latitude (GPS)				
Parking Lot / Driveway / Alley	1, 2, 3	Outside an Intersection		Name of Cross Street or # of Ref. Mile Post Marker		Collision Loc Mile Point	Longitude (GPS)			
Non-Intersection	1, 3	.2 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet		MP 3						

UNIT 1	<input checked="" type="checkbox"/> Vehicle	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Vehicle Owner		Last	First	M.I.	Unit Type
Driver	Last		First		M.I.	[REDACTED]			6
<input type="checkbox"/> Hit & Run	[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]			Unit Use
Street Address	Home Phone		Vehicle Year	Make (Dodge-Chrv.)	Model (Dart-Nova)	Style (2 Dr.)		0	
[REDACTED]	[REDACTED]		2003	Hyundai	Son.	4 Door		Attach 1	
City	State	Zip Code	Work Phone	Vehicle Color	License Plate No.	State		0	
Rupert	ID	[REDACTED]	[REDACTED]	White	[REDACTED]	ID		Attach 2	
Driver's License No.	State	Idaho Code # / Violation	<input checked="" type="checkbox"/> Cited	Vehicle Identification No.		Est. Cost of Damage		0	
[REDACTED]	ID	[REDACTED]	[REDACTED]	KMHWF35H53A		[REDACTED]			
Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	Insurance	Carrier Name	Policy Number
M	[REDACTED]	7	C	1	1	5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Partners	[REDACTED]

Passenger Names and Addresses (Unit 1 only, additional passengers on page 3)									
Same Address as Driver	Seating	Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

UNIT 2	<input checked="" type="checkbox"/> Vehicle	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Vehicle Owner		Last	First	M.I.	Unit Type
Driver	Last		First		M.I.	[REDACTED]			7
<input type="checkbox"/> Hit & Run	[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]			Unit Use
Street Address	Home Phone		Vehicle Year	Make (Dodge-Chrv.)	Model (Dart-Nova)	Style (2 Dr.)		0	
[REDACTED]	[REDACTED]		1997	Ford	Truck	Pickup		Attach 1	
City	State	Zip Code	Work Phone	Vehicle Color	License Plate No.	State		0	
Rupert	ID	[REDACTED]	[REDACTED]	White	[REDACTED]	ID		Attach 2	
Driver's License No.	State	Idaho Code # / Violation	<input type="checkbox"/> Cited	Vehicle Identification No.		Est. Cost of Damage		0	
[REDACTED]	ID	[REDACTED]	[REDACTED]	1FTHX26G2VE		[REDACTED]			
Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	Insurance	Carrier Name	Policy Number
M	[REDACTED]	7	C	1	1	5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Alliance	[REDACTED]

Passenger Names and Addresses (Unit 2 only, additional passengers on page 3)									
Same Address as Driver	Seating	Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

Injured Transported To: **By: Emergency Response-Rupert**

<table border="1"> <tr> <th>Front</th> <th>Seating</th> <th>Front</th> </tr> <tr> <td>1 2 3</td> <td>Vehicle</td> <td>1</td> </tr> <tr> <td>4 5 6</td> <td></td> <td>4</td> </tr> <tr> <td>7 8 10</td> <td>Motorcycle</td> <td>7</td> </tr> </table>	Front	Seating	Front	1 2 3	Vehicle	1	4 5 6		4	7 8 10	Motorcycle	7	Protective Devices 0 None 1 Shoulder Belt Only 2 Lap Belt Only 3 Shoulder & Lap 4 Child Safety Seat 5 Helmet Used 6 Nonmotorist 7 Non-Activated Air Bag, Belts in Use 8 Non-Activated Air Bag, No Belts in Use 9 Air Bag Activated, Belts in Use 10 Air Bag Activated, No Belts in Use 11 Air Bag Activated, No Belts in Use	Injury K Dead A Reconciliating B Non-Reconciliating C Possible O None Evident U Unknown Transported For Medical Care By: 1 Ambulance 2 Police Car 3 Helicopter 4 Private Vehicle 5 Not Transported	Unit Type 1 Pedestrian 2 Pedalcycle 3 Motorcycle 4 Moped 5 Car 6 Pickup with Camper 7 Pickup / Van / Panel / Sport Utility Vehicle 8 Equestrian 9 Farm Equipment (List) 10 Construction Equip. (List) 11 Motorhome 12 Snowmobile 13 ATV 14 Train 15 Other Non-Motor Veh. Commercial 16 Bus 17 Single Unit Truck - 2 axle/8 Tires 18 Single Unit Truck - 3 axle 19 Truck with Trailer 20 School 21 Tractor w/Semi Trailer 22 Tractor w/Double Trailer 23 Tractor w/Triples Trailer
Front	Seating	Front													
1 2 3	Vehicle	1													
4 5 6		4													
7 8 10	Motorcycle	7													
14 Trailing Unit 15 Pedestrian 16 Pedalcycle Passenger Codes - Non Trailing Unit 11 Sleeper Seat (Truck Cab) 12 Other enclosed Passenger/Cargo area 13 Unenclosed Passenger/Cargo area 14 Riding on Vehicle Exterior	16 Equestrian 17 Other U Unknown	Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected T Thrown from cycle etc.	Trapped 1 Not Trapped 2 Trapped / Extrication unit used 3 Trapped / other extrication method	Unit Use 1 Police 2 Ambulance 3 Driver Trng. 4 Government 5 Taxi 6 Fire 7 Wrecker 8 School Bus	Attachments 1 Box Trailer 2 Utility Trailer 3 Travel Trailer 4 Towed Vehicle 5 Mobile Home 6 Other										

5 ← **Locality**

1 Business/Commercial 3 School/Playground 5 Agricultural 7 Residential
2 Industrial/Manufacturing 4 Recreational Area 6 Undeveloped

5 ← **Light Conditions**

1 Day 3 Dark - Street Lights On 5 Dark - No Street Lights
2 Dusk/Dark 4 Dark - Street Lights Off

2 ← **Weather Conditions - Two Selections Possible**

1 Clear 3 Rain 5 Sleet/Hail 7 Blowing Dust/Sand A Smoke/Smog
2 Cloudy 4 Snow 6 Fog 8 Severe Cross Winds

4 ← **Road Surface Conditions**

1 Dry 3 Slush 5 Snow 7 Water
2 Wet 4 Ice 6 Mud 8 Other

0 ← **Other Road Conditions**

0 None 4 High/Low Shoulder 6 Flooded
1 Ruts/Bumps/Holes 5 Loose Gravel/Seal Coat A Poor Pavement
2 Sticky Asphalt (Bleeding) 8 Under Construction Markings
3 Washboard 7 Lane Closed 9 Other

Officer # **383** Case No. [Redacted]

1 ← **Road Type**

1 2-Way & Raised/Depressed Divider 6 Ramp
2 2-Way & 2-Way Left Turn Lane Divider 8 Alley
3 One-Way 7 Rest Area
4 2-Way & No Divider 8 Port of Entry
A 2-Way & 2 Double Yellow Painted Divider 9 Other

2 ← **Road Surface Type**

1 Concrete 2 Paved (Asphalt/Black) 3 Gravel/Stone 4 Dirt

1 ← **Roadway Geometrics**

1 Straight 2 Curve
1 Upgrade/Downgrade 3 Hillcrest 5 Level

0 ← **Traffic Control**

0 None 4 Flashing Beacon 8 Officer/Flagger
1 Stop Sign 5 Traffic Signal-Ped. Only A School Bus Signal
2 Yield 6 R. R. Gates/Signal B No-Pass Barrier Lane
3 Traffic Signal 7 R. R. Flashing Beacon C Construction Signaling

SPECIFY 1 Functioning 2 Not Functioning 3 Removed

UNIT # 1 **CONTRIBUTING CIRCUMSTANCES - 3 Possible** **UNIT # 2**

22 ← 0 None 5 Improper Lane Change 11 Improper Turn 17 Wheel Defect 22 Inattention 28 Improperly Parked
1 Exceeded Posted Speed 6 Following Too Close 12 Failed to Signal 18 Light Defect 23 Vision Obstruction 31 Previous Accident
2 ← 2 Speed Too Fast for Conditions 7 Drove Left of Center 13 Failed to Yield 19 Other Vehicle Defect 24 Asleep/Drowsy 32 Distraction (In/Vehicle (Just)
3 Too Slow for Traffic 8 Off Roadway / Over Corrected 14 Passed Stop Sign 21 Alcohol Impaired 25 Sick 33 Improper use of Turn Lane
4 Improper Overtaking 10 Improper Backing 15 Tire Defect 26 Fatigued 27 Physical Impairment 34 Drug Impaired 39 Other

0 ← **VISION OBSTRUCTION**

0 None 3 Roadway Slope/Snowbank 7 Bright Headlights 12 Splash/Spray from Other Vehicle 15 Traffic Sign
1 Curve in Road 4 Trees/Crops/Brush 8 Weather Conditions 16 Vehicle Stopped on Roadway 16 Billboard/Fence
2 Hill Crest 5 Reflection from Surface 10 Rain/Snow/Ice on Windows 13 Moving Vehicle 17 Building
6 Bright Sunlight 11 Cracked/Dirty Windows 14 Parked Vehicle 18 Other

2 ← **INITIAL Point of Impact**

2 ← **PRINCIPLE Point of Impact**

4 ← **EXTENT OF DEFORMITY**

0 None 1 Very Minor 2 Minor 3 Minor/Moderate 4 Moderate 5 Moderate/Severe 6 Severe 7 Very Severe

POINT OF IMPACT

Auto / Motorcycle / Tractor with Semi Trailer

Trailing Unit #1

Trailing Unit #2

13 Top & Windows 14 Undercarriage 33 Top 34 Undercarriage 53 Top 54 Undercarriage

INITIAL Point of Impact

PRINCIPLE Point of Impact

Towed Due to Damage Yes No

Towed By: **Teeters Towing**

Towed Due to Damage Yes No

Towed By: **Not Towed**

1 ← **Driver of UNIT # 1 ALCOHOL / DRUG INVOLVEMENT Driver of UNIT # 2**

1 Neither Alcohol or Drugs Detected 2 Yes - Alcohol 3 Yes - Drugs 4 Yes - Both

1 ← **Alcohol Test** **1** ← **Alcohol Test**

1 ← **Drug Test** **1** ← **Drug Test**

1 None Given 2 Test Refused 3 Blood Test 4 Urine Test 5 Breath Test 6 Field Test

BAC Test Results: Drug Used (if known): Drug Test Results: BAC Test Results: Drug Used (if known): Drug Test Results:

UNIT # 1 **COMMERCIAL VEHICLE** **UNIT # 2**

Refer to Instruction Sheet before completing

Cargo Body

1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Pickup Bed

Axles GVWR-Power GVWR-All Trailers ICC # For Load DOT # For Load

Hazardous Material Placard: Yes No Spilled: Yes No Haz-Mat #

Carrier Name & ICC# or DOT# for Load obtained from

1 Shipping Papers 2 Vehicle Side 3 Driver 4 Log Book 9 Other

(If Carrier different from Vehicle Owner) Carrier Name Address City State Zip

(If Carrier different from Vehicle Owner) Carrier Name Address City State Zip

Note: -0 indicates Unknown

Event	Unit # of Units Involved	Event Location
10	1	1
51	1-2	1
5	1	7

EVENTS - List events for ALL units in the order they occurred

- | | | | |
|-------------------------|---------------------------------------|------------------------------|-----------------------|
| 1 Overturn | 14 Pedestrian | 24 Bridge Rail | 41 Culvert |
| 2 Separation of Units | 15 Pedalcycle | 25 Overpass | 42 Curb |
| 3 Cargo Loss/Shift | 16 Railroad Train | 26 Guardrail Face | 43 Ditch |
| 4 Jack-Knifed | 17 Domestic Animal | 27 Guardrail End | 44 Embankment |
| 5 Run off Road | 18 Wild Animal | 28 Median Barrier | 45 Fence |
| 6 Down Hill Runaway | 19 Other Object | 30 Highway Traffic Sign Post | 46 Mailbox |
| 7 Fire/Explosion | 20 Perked Vehicle on Private Property | 31 Overhead Sign Support | 47 Tree |
| 8 Gas Inhalation | 21 Impact Attenuator | 32 Street Light Support | 48 Building Wall |
| 9 Other Noncollision | 22 Bridge/Pier/Abutment | 33 Utility Pole | 49 Other Fixed Object |
| 10 Loss of Control | 23 Bridge Parapet End | 34 Other Pole | |
| 11 Push/Loaded/Jumped | | 35 Other Pole | |
| 12 Non-Collision Injury | | 36 Other Pole | |
| 13 Immersion | | 37 Other Pole | |
| 71 Carre Back on Road | | 38 Other Pole | |
| 72 Drove L/R of Center | | 39 Other Pole | |
| | | 40 Delineator Post | |

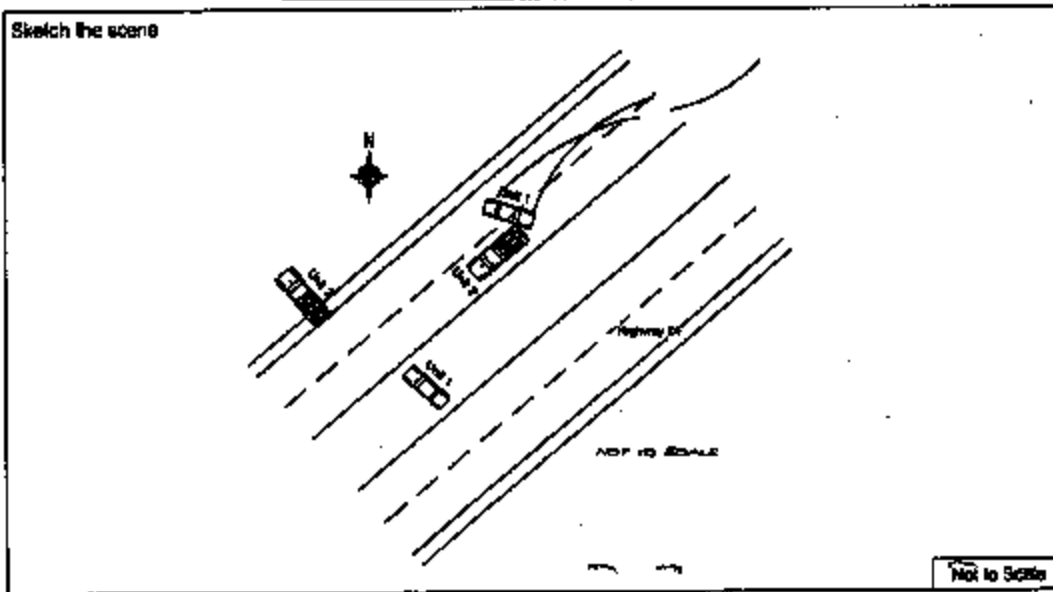
Skipped Same 52 	Skipped Opposite 53 	Angle 54
Turning Events Head-On 54 	Angle 55 	50 Head-On 51 Rear-End 52 Beaked Into 53 Parked Veh. 54 Other
Rear-End 55 	Same Dir 56 	

THE EVENT LOCATION	
1 On Roadway	4 Roadside (Includes Shoulder)
2 Left Shoulder	5 Outside Right of Way
3 Right Shoulder	6 Off Roadway - Loc Unknown
7 Median	A In Parking Lot
8 Gore	B Parking Lot Access Road
9 Other	P Private Property



GENERAL DIRECTION OF TRAVEL (If turning, select direction before turning)			
General Direction of Street <input checked="" type="checkbox"/> South / North	Unit Direction <input type="checkbox"/> North <input checked="" type="checkbox"/> South	General Direction of Street <input checked="" type="checkbox"/> South / North	Unit Direction <input type="checkbox"/> North <input checked="" type="checkbox"/> South
<input type="checkbox"/> West / East	<input type="checkbox"/> East <input type="checkbox"/> West	<input type="checkbox"/> West / East	<input type="checkbox"/> East <input type="checkbox"/> West
On Street Highway 24	On Street Highway 24	On Street Highway 24	On Street Highway 24

FIRST Harmful Event: 51
 MOST Harmful Event: 51
 Driver / Ped Action: 1



- Driver Actions**
- Going Straight
 - Turning Right
 - Right Turn on Red
 - Turning Left
 - Left Turn on Red
 - U-Turn
 - Merging
 - Changing Lanes
 - Passing
 - Negotiating Curve
 - Stopped in Traffic
 - Stopping in Traffic
 - Starting in Traffic
 - Parking
 - Entering Driveway/Alley
 - Leaving Driveway/Alley
 - Sidling
 - Avoiding Obstacle
 - Avoiding Veh./Ped.
 - Pushing Vehicle
 - Feeling Pursuit
 - Racing
 - Parked Vehicle
 - Driverless Vehicle in Motion
- Pedestrian/Pedalcycle Actions**
- Crossing at Painted Intersection
 - Crossing at Unpainted Intersection
 - Crossing at Non-Intersection X-walk
 - Crossing Not at Intersection
 - Walk/Ride with Traffic in Bike Lane
 - Walk/Ride with Traffic No Bike Lane
 - Walk/Ride Facing Traffic in Bike Lane
 - Walk/Ride Facing Traffic No Bike Lane
 - Standing on Roadway
 - Playing on Roadway
 - Working on Roadway
 - Enter/Leave School Bus
 - Not on Roadway
 - Other

Property Damage	(Name of Object Struck - Owner Name and Address)	Estimated Damage
None		\$

Narrative / Additional Information / Additional Passengers (Indicate unit # and all information for additional passengers)

001 Unit #1 traveling south bound at about 55 mile per hour in inside lane, came
 002 upon unit #2 also in inside lane traveling at a slower rate of speed. Unit #1
 003 braked and lost traction on the icy road and slid out of control, sliding
 004 sideways into the back of unit #2 with enough force to propel unit #2 off the
 005 roadway to the right. Unit #1 continued to slide and rotate until it came to
 006 rest sideways in the median.

WITNESSES	Name	Address	Home Phone	Work Phone

Investigating Officer's Name and # X Tim Dudley 383	Date of Report 12/01/2004	Photos Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Approved By	Date
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