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 241

Date Received	Repository ☐
13-DEC-2004	Reference No. 10103677

2005 ... 4: 09

OWNER INFORMATION (Type or Print)

Name

Address

City GARDEN VALLEY State CA 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 12/26/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3B7HA18Z82G	DODGE	RAM	2002

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
15-JUL-02	FOLSOM LAKE Dodge 916-355-9999	No: Cylinders 8	Gas

Original Owner	Dealer's City	State	Zip Code
☒	Folsom / Cell 916 ... 3366	CA.	95630

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
09-JUN-2004	59000	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: DOTMAL9ABC038)

☐ 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 ON GRAVEL ROAD OAT 40-45 MPH VEHICLE HIT A POT HOLE & CAUSING IT TO HYDROPLANE. VEHICLE CAME DOWN, AND HIT THE FRONT OF THE VEHICLE FIRST AND COMMENCED TO FLIP OVER A FEW TIMES, LANDING ON THE PASSENGER'S SIDE. UPON IMPACT, NEITHER OF THE FRONTAL AIR BAGS DEPLOYED. DRIVER SUSTAINED MAJOR INJURIES, AND WAS TRANSPORTED BY AMBULANCE TO THE LOCAL HOSPITAL, ALSO, CONSUMER SUSTAINED LEFT HAND INJURIES.

AIRBORNING

I HAD OTHER DRIVER'S HAD SAME THING

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)

Truck air turned and axles on ... then broke
Both wheels front + rear at axle. then landed
on roof and lumber back ... from
... in cab ... me then I fell down
in the ... about 3' HIGH my left
Hand was dragging in the rock!
then walked back 2 Mi. for HELP!

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

[redacted] Ronald Knott
4037 ... Dr
Garden Valley, CA 95633-9633

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

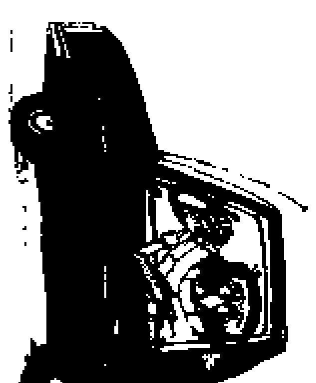
POSTAGE WILL BE PAID BY NAT'L HWY. TRAFFIC SAFETY ADMIN.

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



...epartment of Transportation
...ional Highway Traffic Safety
...istration
www.nhtsa.dot.gov/hotline

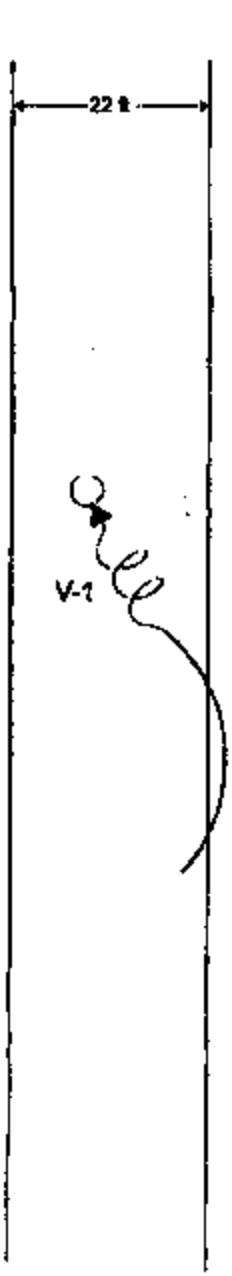
STATE OF CALIFORNIA

SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 8-97) OPI 062

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/09/2004	1550	9252	14365	2004 06 0194

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



Eagles Nest Rd

"This is a dirt/gravel roadway with large potholes and ruts. There are dirt embankments on each side of the roadway.

Woodring Way

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. G. SHIELDS	14365	06/09/2004		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/09/2004	1550	9252	14365	2004 06 0194

FACTS:

NOTIFICATION: I received a call of this collision at approximately 1610 hours. I responded from Old Placerville Rd at Rockingham Dr and arrived at approximately 1615 hrs.

All times, speeds and measurements in the investigation are approximate. Measurements were taken by odometer and pacing, except where otherwise indicated.

SCENE: Eagles Nest Rd is a two lane north/south, gravel/dirt, county roadway. There are dirt drainage ditches that border the roadway. There are no markings that separate the s/b and n/b lanes. The roadway is primarily constructed of gravel and dirt. See Diagram.

PARTIES:

Driver # 1 (Bloom) was located on the northwest corner of Eagles Nest Rd being treated by medical personnel. He was identified by his valid California driver license. D-1 placed as the driver of V-1 at the time of the collision by the following items:

-Personal statement
-The fact he is the registered owner of V-1

Dodge, 1500 Pick up was located at rest on its right side, facing in a westerly direction in a dirt ditch along the east side of the roadway. V-1 sustained major rollover damage. No mechanical or seatbelt defects were alleged or noted.

STATEMENTS:

Driver # 1 (Bloom) related he was driving V-1 s/b Eagles Nest Rd at approximately 55 mph. D-1 related he did not know the asphalt roadway ended and entered the dirt portion at 55 mph. D-1 related he started to lose control of V-1, so he applied V-1's brakes. D-1 related V-1 drifted off the west side of the roadway, veered back onto the roadway and overturned. D-1 related he walked to the intersection of Woodring Way at Eagles Nest Rd to get help.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. G. SHIELDS	14365	06/09/2004		

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 CAR8 Page2 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO DAY YEAR)	TIME (MIL)	BEAT #	OFFICER ID	NUMBER
6/9/04	1550	9252	14365	2004 06 0194

PROPERTY DAMAGE	OWNER	OWNER ADDRESS	NOTIFIED
	DESCRIPTION OF DAMAGE		

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STA WGN REAR
8 - RR OCC TRK OR VAN
9 - POSITION UNKNOWN
0 - OTHER

SAFETY EQUIPMENT

OCCUPANTS
A - NONE IN VEHICLE
B - UNKNOWN
C - LAP BELT USED
D - LAP BELT NOT USED
E - SHOULDER HARNESS USED
F - SHOULDER HARNESS NOT USED
G - LAP/SHOULDER HARNESS USED
H - LAP/SHOULDER HARNESS NOT USED
J - PASSIVE RESTRAINT USED
K - PASSIVE RESTRAINT NOT USED

L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

CHILD RESTRAINT
Q - IN VEHICLE USED
R - IN VEHICLE NOT USED
S - IN VEHICLE USE UNKNOWN
T - IN VEHICLE IMPROPER USE
U - NONE IN VEHICLE

MC/BICYCLE - HELMET
DRIVER: V - NO, W - YES
PASSENGER: X - NO, Y - YES

EJECTED FROM VEHICLE
0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONNEL HYGIENE
J - READING
K - OTHER

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR (LIST NUMBER (B) OF PARTY AT FAULT)

1
- A. VC SECTION VIOLATED CITED: YES X / NO — 22107
- B. OTHER IMPROPER DRIVING*
- C. OTHER THAN DRIVER*
- D. UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)
- X A. CLEAR
- B. CLOUDY
- C. RAINING
- D. SNOWING
- E. FOG / VISIBILITY ____ FT.
- F. OTHER*
- G. WIND

LIGHTING
- X A. DAYLIGHT
- B. DUSK - DAWN
- C. DARK - STREET LIGHTS
- D. DARK - NO STREET LIGHTS
- E. DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE
- X A. DRY
- B. WET
- C. SNOW - ICY
- D. SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)
- A. HOLES, DEEP RUT*
- B. LOOSE MATERIAL ON ROADWAY*
- C. OBSTRUCTION ON ROADWAY*
- D. CONSTRUCTION - REPAIR ZONE
- E. REDUCED ROADWAY WIDTH
- F. FLOODED*
- X G. OTHER* DIRT ROAD
- H. NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICE(S) | 1 | 2 | 3
- A. CONTROLS FUNCTIONING
- B. CONTROLS NOT FUNCTIONING*
- C. CONTROLS OBSCURED
- X D. NO CONTROLS PRESENT / FACTOR* — 1: X

TYPE OF COLLISION
- A. HEAD - ON
- B. SIDE SWIPE
- C. REAR END
- D. BROADSIDE
- E. HIT OBJECT
- X F. OVERTURNED
- G. VEHICLE / PEDESTRIAN
- H. OTHER*

MOTOR VEHICLE INVOLVED WITH
- X A. NON - COLLISION
- B. PEDESTRIAN
- C. OTHER MOTOR VEHICLE
- D. MOTOR VEHICLE ON OTHER ROADWAY
- E. PARKED MOTOR VEHICLE
- F. TRAIN
- G. BICYCLE
- H. ANIMAL
- I. FIXED OBJECT
- J. OTHER OBJECT

PEDESTRIAN'S ACTION
- X A. NO PEDESTRIAN INVOLVED
- B. CROSSING IN CROSSWALK AT INTERSECTION
- C. CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D. CROSSING - NOT IN CROSSWALK
- E. IN ROAD - INCLUDES SHOULDER
- X F. NOT IN ROAD — 1: X
- G. APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION | 1 | 2 | 3
- A. HAZARDOUS MATERIAL
- B. CELL PHONE HANDHELD IN USE
- C. CELL PHONE HANDSFREE IN USE
- D. CELL PHONE NOT IN USE
- E. SCHOOL BUS RELATED
- F. 78 FT MOTOR/TRUCK COMBO
- G. 53 FT TRAILER COMBO
- H.
- I.
- J.
- K.
- L.
- M. — 1: X
- N.
- O.
- P.
- Q.

OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS) | 1 | 2 | 3
- A. [illegible] STOP: YES / NO
- B. VC [illegible] CITED: YES / NO
- C. [illegible] INVOLVED: YES / NO
- D. [illegible] — 1: X
- E. VISION OBSCUREMENT
- F. INATTENTION*
- G. STOP & GO TRAFFIC
- H. ENTERING / LEAVING RAMP
- I. PREVIOUS COLLISION
- J. UNFAMILIAR WITH ROAD
- K. DEFECTIVE VEH EQUIP.: CITED: YES / NO
- L. UNINVOLVED VEHICLE
- M. OTHER*
- N. NONE APPARENT
- O. RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION
- A. STOPPED
- B. PROCEEDING STRAIGHT
- C. RAN OFF ROAD
- D. MAKING RIGHT TURN
- E. MAKING LEFT TURN
- F. MAKING U TURN
- G. BACKING
- H. SLOWING / STOPPING
- I. PASSING OTHER VEHICLE
- J. CHANGING LANES
- K. PARKING MANEUVER
- L. ENTERING TRAFFIC
- M. OTHER UNSAFE TURNING — X
- N. XING INTO OPPOSING LANE
- O. PARKED
- P. MERGING
- Q. TRAVELING WRONG WAY
- R. OTHER*

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) | 1 | 2 | 3
- A. HAD NOT BEEN DRINKING — 1: X
- B. HBD - UNDER INFLUENCE
- C. HBD - NOT UNDER INFLUENCE*
- D. HBD - IMPAIRMENT UNKNOWN*
- E. UNDER DRUG INFLUENCE*
- F. IMPAIRMENT - PHYSICAL*
- G. IMPAIRMENT NOT KNOWN
- H. NOT APPLICABLE
- I. SLEEPY / FATIGUED

SKETCH: FOR SKETCH DIAGRAM, SEE PAGE 4

MEXICAN NORTH

MISCELLANEOUS

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

CHP 555 CARS Page 1 (Rev 1-03) OPI 061

/AI/MIS/LOG/CO/HQ/DOT/PD/CT 3

SPECIAL CONDITIONS	NUMBER INJURED	NO. & SEV. INJURY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	1		UNINCORPORATED	SACRAMENTO	2004 06 0194
	NUMBER KILLED		COUNTY	REPORTING DISTRICT / BEAT	
	0		SACRAMENTO	60	

LOCATION

COLLISION OCCURRED ON	MO DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
EAGLES NEST RD	6/9/04	1550	9252	14365

MILEPOST INFORMATION	DAY OF WEEK	TOW AWAY	PHOTOGRAPHS BY
	WEDNESDAY	X YES NO	X NONE

AT INTERSECTION WITH	STATE HWY REL
X OR .6 MILE(S) SOUTH OF WOODRING WAY	YES X NO

PARTY 1

PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
1	G0071534	CA	C	M	G	02	DODGE RAM 1500 BLU	6X22580	CA

DRIVER X

NAME (FIRST, MIDDLE, LAST):

STREET ADDRESS:

CITY / STATE / ZIP: GARDEN VALLEY CA

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE
M	BRN	BLU	6-00	200		W

HOME PHONE: BUSINESS PHONE:

INSURANCE CARRIER: AAA POLICY NUMBER: AA92590

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	EAGLES NEST RD	55

OWNER'S NAME: X SAME AS DRIVER

OWNER'S ADDRESS: X SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: X OFFICER DRIVER OTHER

SAM'S TOWING - (916)943-3456

PRIOR MECH DEFECTS: X NONE APP REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: 22

DESCRIBE VEHICLE DAMAGE: UNK NONE MINOR MOD MAJOR X ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____

CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
2									

DRIVER / PEDESTRIAN / PARKED VEHICLE / BICYCLIST / OTHER

NAME (FIRST, MIDDLE, LAST):

STREET ADDRESS:

CITY / STATE / ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE

HOME PHONE: BUSINESS PHONE:

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL: ON STREET OR HIGHWAY: SPEED LIMIT:

OWNER'S NAME: SAME AS DRIVER

OWNER'S ADDRESS: SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER DRIVER OTHER

PRIOR MECHANICAL DEFECTS: NONE APP REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: DESCRIBE VEHICLE DAMAGE: UNK NONE MINOR MOD MAJOR ROLL-OVER SHADE IN DAMAGED AREA

CA ____ DOT ____

CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 3

PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
3									

DRIVER / PEDESTRIAN / PARKED VEHICLE / BICYCLIST / OTHER

NAME (FIRST, MIDDLE, LAST):

STREET ADDRESS:

CITY / STATE / ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE

HOME PHONE: BUSINESS PHONE:

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL: ON STREET OR HIGHWAY: SPEED LIMIT:

OWNER'S NAME: SAME AS DRIVER

OWNER'S ADDRESS: SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER DRIVER OTHER

PRIOR MECHANICAL DEFECTS: NONE APP REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: DESCRIBE VEHICLE DAMAGE: UNK NONE MINOR MOD MAJOR ROLL-OVER SHADE IN DAMAGED AREA

CA ____ DOT ____

CAL-T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
T. G. SHIELDS 14365	X YES NO NA	T.M. JUMP 11941	JUN 17 2004