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 1229

Date Received	Repository
10-JAN-2005	Reference No. 10107090

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: FAIRVIEW HEIGHTS	State: IL	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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
1C3EL46R62N	CHRYSLER	SEBRING	2002

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
09-25-2003	Jack Schmitt Ford 618-344-5105		No. Cylinders 6	Unleaded
Original Owner ☐	Dealer's City: Collinsville	State: IL Zip Code: 62234		

Transmission Type			Vehicle Component Code
Automatic 4-Speed	☒ Antilock Brakes ☒ Cruise Control	Powertrain	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-JAN-2005	75000	25	

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: DOTMALSABC036)	☐ 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	2	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 AN ACCIDENT OCCURRED. THERE WAS SNOW AND ICE. CONSUMER WAS DRIVING AT 25 MPH. THE AIR BAG DID NOT DEPLOY RIGHT AWAY. HOWEVER, THE AIR BAG DEPLOYED ABOUT TWO TO THREE MINUTES AFTER THE IMPACT. THIS WAS A HEAD ON COLLISION. BOTH THE DRIVER, AND PASSENGER WERE INJURED. *AK - After the first impact - (head on) the car spun around and hit the car in 2 again. The air bags did not deploy until the car was spinning. The drivers side air bag came out but didn't inflate. The passenger side air bag inflated only half way. As the car was spinning, I, the passenger was thrown to the left, hit my mother-in-law which then threw

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)

me into the door. As I was going forward as the car was coming to a stop. the air bag deployed half way which threw me back into my seat, causing me to wind up sideways looking out the drivers window. As a result of that, I pinched my siatic nerve. My mother-in-law hit the steering wheel bending the steering wheel then the air bag deployed but did not inflate. As a result of her hitting the steering wheel she broke three of her ribs. Enclosed are pictures of the accident and the police report. If any further information is needed you can reach me at

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

US Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline

[redacted]

Use black ink

[redacted]

ILLINOIS MOTORIST REPORT

[redacted]

INVESTIGATING AGENCY	TYPE OF REPORT		AGENCY CRASH REPORT NO.
Shiloh Police	☒ ON SCENE ☐ NOT ON SCENE ☐ AMENDED	☐ A No Injury / Drive Away ☒ Injury and / or Tow Due To Crash	05 030

ADDRESS NO. (OPTIONAL)	HIGHWAY or STREET NAME	CITY/TOWNSHIP	INTERSECTION RELATED	DATE OF CRASH	TIME	LAFB CODE
	Frank Scott Parkway East	Shiloh	☐ Yes ☒ No	1/12/05	9 55 ☐ AM ☒ PM	

	COUNTY	PRIVATE PROPERTY	ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER $500	NUMBER OF MOTOR VEHICLES INVOLVED
☒ 4 FT (N) N E S W North Government Road ☐ AT INTERSECTION WITH	St. Clair	☐ Yes ☒ No	☒ Yes ☐ No	2

UNIT 1

NAME (LAST, FIRST, M.I.) ☒ Driver ☐ Ped ☐ Pedal ☐ Equest ☐ Parked ☐ Other

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 ☐ N
FIRE ☐ ☒
HAZMAT SPILL ☐ ☒
COM VEH ☐ ☒

INSURANCE CO. Allstate
TELEPHONE
POLICY NO. 911 3 1582

UNIT 2

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 ☐ N
FIRE ☐ ☒
HAZMAT SPILL ☐ ☒
COM VEH ☐ ☒

INSURANCE CO. Farmers 654-4114
TELEPHONE
POLICY NO. 15959-60-34

Was driver (owner) of other vehicle insured? YES ☒ NO ☐ NOT KNOWN ☐
Were 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 ☐ APPROXIMATE COST TO REPAIR YOUR VEHICLE $

[redacted]	UNIT	AGE	SEX	ADDRESS
NAME ...kie Arnold	1	62	F	246 School St Fairview Hts IL 62208
DESCRIBE INJURIES: 3 broken ribs - 2 crushed ankles				
NAME Rachel Arnold	1	23	F	246 School St Fairview Hts IL 62208
DESCRIBE INJURIES: Swelling bruises + lungs damaged to both knees, neck, one back				
NAME Austin Arnold	1	4	M	246 School St Fairview Hts IL 62208
DESCRIBE INJURIES: bruises to the head, two burn marks from seat belts				

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES	APPROXIMATE COST TO REPAIR	PROPERTY OWNER'S NAME / ADDRESS
The baby's car seat had to be replaced ... no longer use	$119.99 + tax	Rachel Arnold / Same as above

DATE 1-14-05

Signature of person making report [redacted]

If you fail to give full information, 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 agent) which issued policy to cover liability for damages or injury to others.

[redacted]

Name and address of representative who sold policy.

Policy Number

Policy Period

From: To:

Name of Policy Holder

M0378

6345131

DIAGRAM WHAT HAPPENED INSTRUCTIONS

INDICATE NORTH BY ARROW

1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.

3. Use solid line to show path before crash:

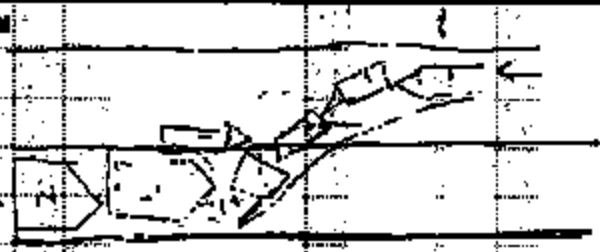
dotted line after crash:

4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:

[redacted]

[redacted]

DIAGRAM



LEGAL REQUIREMENTS

The driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of $500 must complete this report within 10 days after the crash.

If the driver is physically incapable of completing the report, the owner or another occupant of the vehicle should do so.

INSTRUCTIONS

OBSERVE THE FOLLOWING RULES:

1. PRINT ALL NAMES AND ADDRESSES.
2. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."
3. The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information; otherwise, give your own detailed estimate.
4. Use a second report form or a sheet of paper for extra room to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.
5. SIGN THIS REPORT in the space at the bottom of the front side of this report form.

Important - This crash should also be reported to your insurance representative. Failure to report may jeopardize your automobile liability insurance.

The Safety Responsibility Law

For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-210 of the Illinois Vehicle Code for complete details.)

In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When - ny person sustains property dama[illegible] of $500 or personal injuries, the names of [illegible] motor[illegible] are sent to the Secretary of State [illegible] notice of possible security deposit. The re[illegible] it poten[illegible] property damage and bodily injur[illegible] and lists [illegible] evaluated amounts of the poten[illegible] The eva[illegible]s are based on information [illegible] reports [illegible] by drivers or owners. It is imp[illegible] reports [illegible] promptly and that complet[illegible] descriptions of property damage and bod[illegible] shown in the spaces provided on the repo[illegible]

The accident report, which usually contains a police report and a report [illegible] each driver, will be sent to the Secretary of State. The [illegible] will review the reports to ascertain if the uninsured driver was legally at fault. If the driver was [illegible]y not at fault, the file will be closed, otherwise a No[illegible] of Suspension will be mailed. The notice of [illegible]pension outlines the Methods of Compliance with the Illinois Safety Responsibility Law. It also advises the uninsured motorist of the right within 15 days of the Notice of [illegible]pension to request a hearing. If a request for hearing is not received, the suspension becomes effective 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility of legal fault, the uninsured motorist has the following options: 1. Deposit security; 2. Present evidence of release from liability (or signed agreements to pay for damages in installments) from all potential claimants named on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her drivers license (if driver) and vehicle registration privileges (if owner) would be suspended.
(None of the above affects any person's right to sue to recover damages.)
(Security deposits, releases, or installment agreements are to be submitted to the Secretary of State.)

NARRATIVE (Refer to vehicle by Unit No.)

Unit 1 made a [illegible] State Road South Parkway west. About 20-30 ft and Unit 4 started to slide. Unit 4 crossover and hit Unit 2 on the front middle and driver side. Unit 1 then spun and hit Unit 2 driver rear with Unit 1 passenger rear upon impact hit + bent the steering wheel Rachel Arnold then acted as a pinball and hit the passenger door and as Rachel was going forward the air bag deployed Rachel was a Slug Rachel hit the seat sideways.

THIS SPACE FOR FLEET OPERATORS ONLY

If your vehicle operated in compliance with the Federal "Motor Carrier's Act," show the Interstate Commerce Commission docket number.

Has the Department of Insurance issued certificates of self-insurance covering your vehicle?

☐ YES ☐ NO