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 100218

Date Received	Repository
17:55 11-MAR-2005	
	Reference No 10115025

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City CANA	State VA	Zip Code	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 2/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
1FAFP36353W	FORD	FOCUS	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
3/03	Collinger Ford			No. Cylinders 4	
Original Owner ☒	Dealer's City Salisbury	State NC	Zip Code		

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
04-MAR-2005	49500 app.	60	air bags

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Goodyears		
DOT No. (Example: DOTMLBABC036)	☑ Original Equipment ☐ Prior Repair	Failure Location: Front air bags
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 60 MPH VEHICLE WAS INVOLVED IN A FRONTAL COLLISION. UPON IMPACT, BOTH FRONTAL AIR BAGS FAILED TO DEPLOY. DRIVER SUSTAINED MINOR INJURIES, AND WAS TRANSPORTED TO A HOSPITAL. VEHICLE WAS TOWED TO A DEALER FOR INSPECTION. THE CAUSE OF THE COLLISION HAD NOT BEEN DETERMINED. *AK Car has been total. Ford said it was the way I hit that failed to deploy the bags. The front end of the car was distories. I left my front tag embedded in the guard rail. The Highway patrolman said he had never seen anything like it and was surprised the air bags had not deployed. I still do not know how the accident happened.

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)

I really do not know how the accident started. I was told I crossed two lanes of traffic and hit the inside guard rail several times. I did have a concussion and some of the events afterward are fuzzy. I have pictures of the car that I can e-mail to you. I do not understand why the bags did not come out as I thought that is what they were designed for.

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

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

DMV-348 (Rev. 8/98)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

Date Received by DMV

1 No. of Units Involved

Form 1 of 1 ☐ Supplemental Report ☐ Non-Reportable

Date	County	Time	Local Use/Patrol Area
03/04/2005	FORSYTH	17:10	050304215EA-3

LOCATION

33 Relation to Roadway Surface 3 Crash occurred ☐ In ☒ Near WINSTON SALEM Municipality or 00.80 Miles ☒ N ☐ S ☐ E ☐ W outside municipality

on US 52 Ramp or Service Road (R.R. Crossing #) 00.10 Miles ☐ ft. ☒ N ☐ S ☐ E ☐ W

☐ At ☒ From RP 1632 ☒ N ☐ S ☐ E ☐ W toward RP 1620

Latitude . Longitude . Altitude

UNIT # 1 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver [redacted] First Middle Last

Address [redacted]

City CANA State VA Zip [redacted]

Same Address on Driver's License? ☒ Yes ☐ No Driver's Phone Numbers H [redacted] W

D.L. [redacted] State VA

CDL License ☐

DOB [redacted] 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 38 Results (If known) 0 40 Vehicle Seizure (DWI) ☐

Owner [redacted] Same as Driver? ☐

Address [redacted] Same Address as Driver? ☐

City CANA State VA Zip [redacted]

Plate [redacted] Plate State VA Plate Year 2005

VIN 1FAFP36353W [redacted]

Vehicle Make FORD Vehicle Year 2003 41 Vehicle Style (Type) 1 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD [redacted] 44 Estimated Damage 5500

Insurance Company STATE FARM

Policy # [redacted]

UNIT # ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver First Middle Last

Address

City State Zip

Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone Numbers H W

D.L. # State

CDL License ☐

DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions

37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 38 Results (If known) 40 Vehicle Seizure (DWI) ☐

Owner Same as Driver? ☐

Address Same Address as Driver? ☐

City State Zip

Plate # Plate State Plate Year

VIN

Vehicle Make Vehicle Year 41 Vehicle Style (Type) 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD 44 Estimated Damage

Insurance Company

Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT # ICC# Axles on Vehicle Including Trailers

State State # IFTA#

FEIN Fleet# Gross Vehicle Weight Rating

	21	22	23	24	25	26	27	28	29	30	31	32	Name and Addresses for All Persons (Unit 1/Unit 2 Driv, Ped, etc. - See Above); Use check blocks if address same as
A	1	1	1	Unit 1-Driv 1, Ped 1, etc. see above	W	F	2	1	0	2	1	4	see above Veh# 1 Towed To/By: VENABLE'S TOWING / VENABLE'S TOWING
B				Unit 2-Driv 2, Ped 2, etc. see above									see above Veh# Towed To/By:
C													
D													
E													
F													
G													
H													

46 Name of EMS A-FORSYTH EMS

47 Injured Taken by EMS to A-FORSYTH MEMORIAL-WINSTON SALEM (Treatment Facility and City or Town)

46 Name of EMS

47 Injured Taken by EMS to (Treatment Facility and City or Town)

44 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# 1	1,2,3
	Unit#	

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit#
48 Vehicle Maneuver Action	4	
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	1	
53 Crash Sequence - Second Event	6	
54 Crash Sequence - Third Event	2	
55 Crash Sequence - Fourth Event	44	
56 Most Harmful Event for This Unit	44	
57 Distance-Direction to Object Struck	5	
58 Vehicle Underside Damage		
59 Vehicle Defects	0	

VEHICLE INFO.	Unit# 1	Unit#
60 Authorized Speed Limit	65	
61 Estimate of Original Traveling Speed	65	
62 Estimate of Speed at Impact	60	
63 Tire Impressions Before Impact (ft.)	115	
64 Distance Traveled After Impact (ft.)	32	
65 Emergency Vehicle Use		
66 First Crash Point (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle	☐	☐
68 School Bus - Responded Vehicle	☐	☐

ROADWAY INFO.	
69 Road Feature	0
70 Road Character	3
71 Road Classification	2
72 Road Surface Type	3
73 Road Configuration	4
74 Access Control	2
75 Number of Lanes	4
76 Traffic Control Type	0
77 Traffic Control Operation	

WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit#
82 Trailer Type	0	
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No

Hazardous Cargo Released ☐ Yes ☐ No

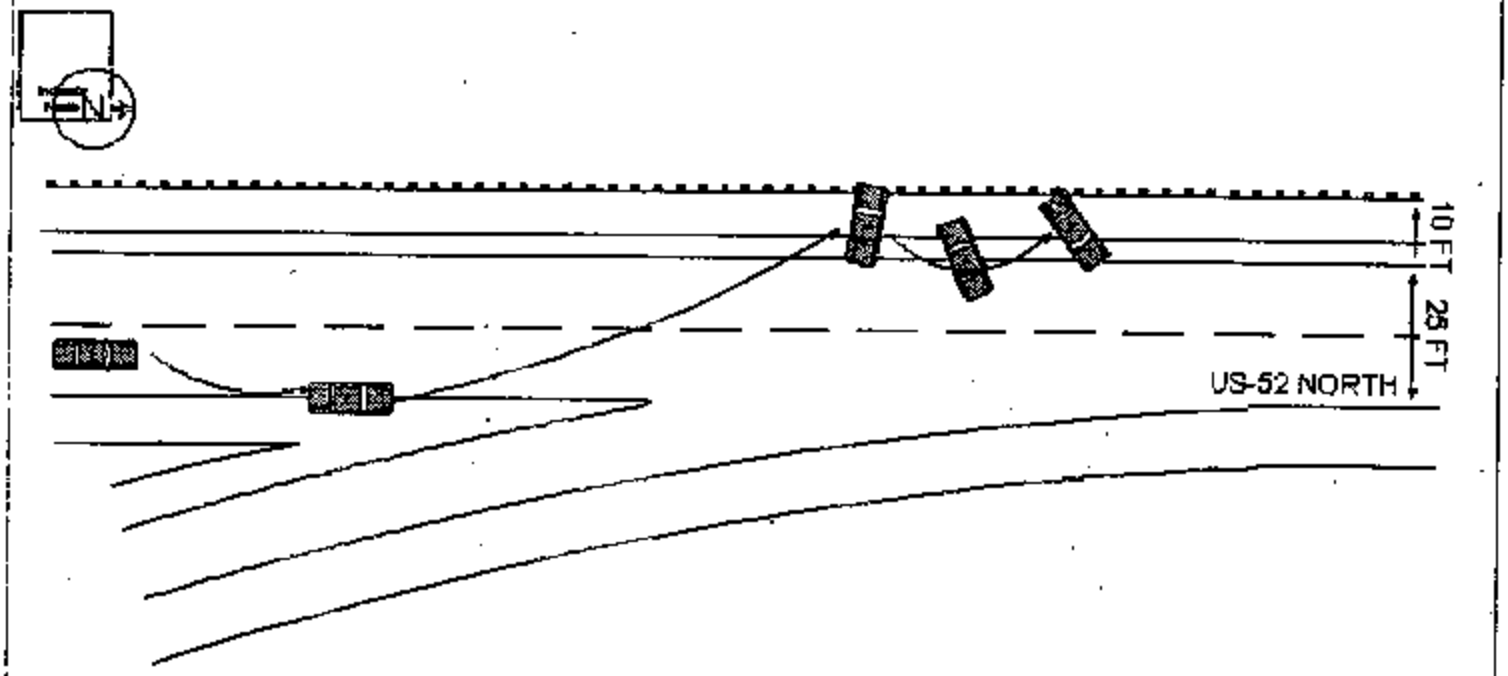
Carrying Haz Mat ☐ Yes ☐ No

From Placard Indicator: 4-digit placard number or name from diamond or box; 1-digit number from bottom of placard

83 Unit # ___ Overwidth Trailer and Overwidth Mobile Home

Overwidth Permit #

84 DIAGRAM



Unit# 1 was ☒ Traveling ☐ Parked Facing ☒ N ☐ S ☐ E ☐ W on US 52

Unit# ___ was ☐ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on ___

85 NARRATIVE

VEHICLE #1 WAS TRAVELING NORTH ON US 52. VEHICLE #1 RAN OFF THE ROAD TO THE RIGHT. VEHICLE #1 OVERCORRECTED AND CROSSED THE CENTERLINE. VEHICLE #1 RAN OFF THE ROAD TO THE LEFT AND STRUCK THE MEDIAN BARRIER. VEHICLE #1 THEN REENTERED THE ROAD. VEHICLE #1 THEN RAN OFF THE ROAD TO THE LEFT AND STRUCK THE MEDIAN BARRIER AGAIN. VEHICLE #1 CAME TO FINAL REST IN THE ROAD FACING NORTHEAST.

86 Type/Owner: MEDIAN GUARDRAIL / STATE OF NC

Owner Address/Phone: ADDITIONAL PROPERTY DAMAGE — 375 SILAS CREEK PKWY, WINSTON SALEM NC 27127 / (336) 703-8900

State Property? ☒ Estimated Damage $ 600

WITNESSES

Name: --- Address: ___ Phone No: ___

Name: ___ Address: ___ Phone No: ___

TRAFFIC VIOLATION(S)

Name: --- Charge(s): ___

Name: ___ Charge(s): ___

Officer Name	Officer Number	Department		Date of Report
TRP. R C WESTMORELAND	2782	STATE HIGHWAY PATROL	NCNHP0000	03/04/2005

WTE 03/06/05