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 1002Z2

Date Received: 2005 APR 25 AM 6 08
01-APR-2005

Repository ☐

Reference No.: 10117241

OWNER INFORMATION (Type or Print)

Name

Address

City: ROCKWELL | State: NC | Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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: 1GNEK13Z44

Make	Model	Model Year
CHEVROLET	TAHOE	2004

Date Purchased	Dealer's Name and Telephone Number	Engine: ~~cyl~~ 5.3L No: Cylinders	Fuel Type:
1-10-04	Beasley-Cross Chevrolet	V-8	Gas

Original Owner	Dealer's City	State	Zip Code
☒	Kannapolis	NC	28081

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	
29-MAR-2005	11000	40mph	Airbags + "A+B post" failed or collapsed causing injury.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/66R15)
N/A		

DOT No. (Example: DOTMAL9ABC036) ☐ 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: N/A	Installation System:	

Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please identify "x" and detail the incident(s), Failure(s), Crash(es), & of Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	3	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).

CONSUMER LOST CONTROL OF THE VEHICLE, IT ROLLED OVER, AND THE ROOF COLLAPSED. ALSO, NO AIR BAGS DEPLOYED.*AK

I glanced up in the rear-view mirror @ my Son, who was in the rear passenger seat. When I looked back down I had ran off the road with one tire. I tried to correct ended up in the opposite lane. When I corrected this the Tahoe tilted causing the tire to buckle + the rim caught on the pavement causing the car to begin flipping. It flipped 5 times landing on the roof. →

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)

My Children-dgt. in the rear drivers side passenger seat "popped" her seat belt and crawled out. Then with the assistance of the a neighbor got my son out of his car seat + seatbelt. I was entrapped for 10-15 mins upside down with my head laying sideways on the ceiling. The "A+B" Post that held the roof up had collapsed and the top of the Windshield and roof where were sitting on the dash. The airbags did not deploy and due to the rearview mirror being crushed into the dash + the above head console being torn loose I was not able to reach the "Onstar" button to activate. I used my cell phone to contact my husband and bystanders called EMS. I was finally removed by paramedics in "C-spine protocol" and taking to hospital. My dgt. Sustained minor cuts + abrasions + Cervical strain. Both children evaluated by PCP. I sustained minor abrasions, contusions, + severe Cervical Strain. All were treated and released. The Tahoe was totaled by Insurance. 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

APR 2005

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-349 (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

No. of Units Involved: 1 | Page 1 of 1 | ☐ Supplemental Report | ☐ Non Reportable

Date Received by DMV

Date (mm/dd/ccyy)	County	Time (24 Hour Clock)	Local Use/Patrol Area / Sequence No.	Patrol Area
03 / 29 / 2005	CABARRUS	1214	139	A2

Margin boxes: 2, 2, 1 | 5, 5

LOCATION

33 Relation to Roadway Surface: 2 | Crash occurred ☐ In ☒ Near: KANNAPOLIS (Municipality) or 2.74 Miles N S E ☒W outside municipality

on RP2400 (Highway Number, or Highway Street (if ramp or service road, indicate as list)) ☐ Ramp or Service Road | (R.R.Crossing # ______) — .13 Miles (or intersection) N S ☒E W (if available)

☒ at or from RP2401 ☐N ☐S ☒E ☐W toward RP2473 (Use Highway Number, Street Name or Adjacent County or State Line) | Latitude | Longitude | Altitude

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

Driver: (First, Middle, Last)

Address:

City: ROCKWELL | State: NC | Zip:

Same Address as Driver's License? ☒ Yes ☐ No | Driver's Phone Numbers H ( ) W ( )

D.L. #: | State: NC | CDL License ☐

DOB (mm/dd/ccyy) | 34 Vision Obstruction: 0 | 35 Physical Condition: 1 | 36 D.L. Restrictions: 0

37 Alcohol Drugs Suspected: 0 | 38 Alcohol/Drugs Test: 0 | 39 Results (if known): 0-N/A | 40 Vehicle Seizure (DWI) ☐

Owner:

Address: | Same Address as Driver? ☒

City: ROCKWELL | State: NC | Zip:

Plate #: | Plate State: NC | Plate Year: 2006

VIN: 1GNEK13Z44R

Vehicle Make: CHEVY | Vehicle Year: 2004 | 41 Vehicle Style (Type): 4 | 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD: L+T-5 | 44 Estimated Damage: $35,000.00

Insurance Company: STATE FARM

Policy #: 2711632C2933

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

Driver: (First, Middle, Last)

Address:

City: | State: | Zip:

Same Address as Driver's License? ☐ Yes ☐ No | Driver's Phone Numbers H ( ) W ( )

D.L. #: | State: | CDL License ☐

DOB / / (mm/dd/ccyy) | 34 Vision Obstruction | 35 Physical Condition | 36 D.L. Restrictions

37 Alcohol Drugs Suspected | 38 Alcohol/Drugs Test | 39 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 #:

Margin boxes: 1, -, 2, 1 | 0, -, 14, 23, -, -, -, -

29 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source | Source: ☐ Trip ☐ Shipping papers ☐ Driver

48 Cargo Body Type ______ ☐ Same Address as Owner?

Carrier Identification Numbers, GVWR, Axles

US DOT# ______ ICC# ______ Axles on Vehicle Including Trailers ______

State ___ Global ______ IFTA# ______

FEI# ______ Fleet# ___ Gross Vehicle Weight Rating ______

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	1	1	1	Unit1-Drv, Ped, etc. See above	W	F	2	0,0	2	1	3	See above	Veh 1 Towed To/By: DESTINATION — BRINDLE'S WRECKER
B				Unit2-Drv, Ped, etc. See above								See above	Veh ___ Towed To/By:
C	1	2	4		W	F	2	0,0	2	1	3		ROCKWELL NC
D	1	2	6		W	M	4	0,0	2	1	3		ROCKWELL NC
E													
F													
G													
H													

46 Name of EMS: A,C,D CABARRUS COUNTY EMS | 46 Name of EMS: N/A

47 Injured Taken by EMS to: A NorthEast Medical Center, Concord (Treatment Facility and City or Town) | 47 Injured Taken by EMS to: N/A (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit 1	25
	Unit	

CRASH SEQUENCE (Most Severe)	Unit 1	Unit
49 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	5	
54 Crash Sequence - Third Event	5	
55 Crash Sequence - Fourth Event	1	
56 Most Harmful Event for This Unit	5	
57 Distance/Direction to Object Struck	0	
58 Vehicle Underride/Override	3	
59 Vehicle Defects	0	

VEHICLE INFO.	Value 1	Value
60 Authorized Speed Limit	55	
61 Estimate of Original Traveling Speed	55	
62 Estimate of Speed at Impact	40	
63 Tire Impressions Before Impact (ft)	257	
64 Distance Traveled After Impact (ft)	127	
65 Emergency Vehicle Use	-	
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle	☐	☐
68 School Bus - Noncontact Vehicle	☐	☐

ROADWAY INFO.	
69 Road Feature	5
70 Road Character	7
71 Road Classification	4
72 Road Surface Type	4
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	0
77 Traffic Control Oper	-

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

Has Mat Placard ☐ Yes ☐ No — From Placard Indicate:

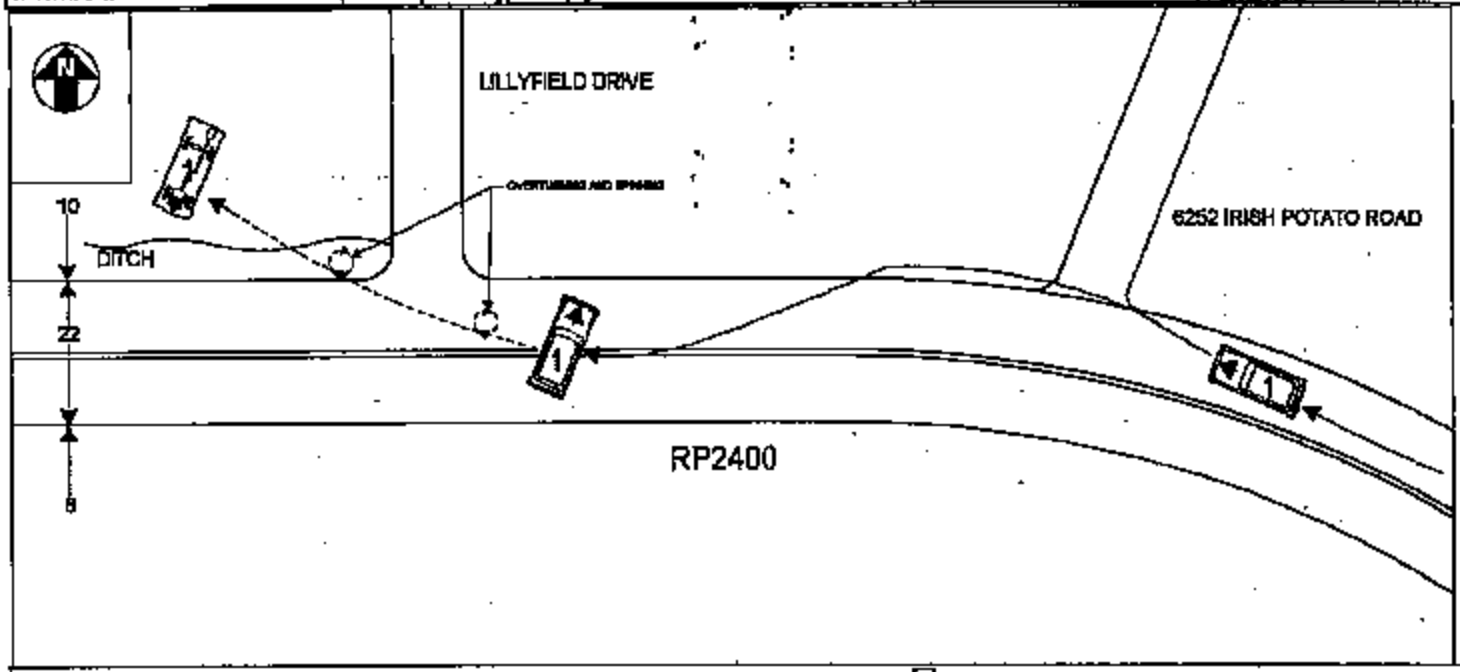
Hazardous Cargo ☐ Yes ☐ No — 4-digit placard number or — 1-digit number from bottom of diamond

Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No — — — — — —

83 Value — Overwidth Trailer and Overwidth Mobile Home

Overwidth Permit #



1 Unit: ☒ Traveling ☐ Parked Facing ☐N ☐S ☐E ☒W on RP2400

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

89 NARRATIVE (Include pertinent and unusual aspects, whether or not listed elsewhere on the form)

VEHICLE 1 WAS TRAVELING WEST ON RP2400. VEHICLE 1 RAN OFF THE ROAD TO THE RIGHT AND THE DRIVER LOST CONTROL OF THE VEHICLE AS IT TRAVELED BACK ONTO THE ROAD. VEHICLE 1 THEN CROSSED THE CENTERLINE AND OVERTURNED SEVERAL TIMES AS IT RAN BACK OFF THE ROAD TO THE RIGHT. AFTER IMPACT VEHICLE 1 CAME TO REST ON ITS TOP FACING SOUTH ON THE RIGHT SHOULDER OF RP2400.

88 Type/Owner: NONE — Owner Address/Phone: — ADDITIONAL PROPERTY DAMAGE — Data Property? ☐ — Estimated Damage $

NONE

WITNESSES

Name: BRYCE B LOWERY — Address: 6340 IRISH POTATO ROAD ROCKWELL NC 28138 — Phone No. (704) 933 - 7151

Name: — Address: — Phone No. ( )

TRAFFIC VIOLATION(S)

Name: SUSAN ALLMAN — Charge(s) (Citation # optional): FAILURE TO MAINTAIN LANE — B165206

Name: — Charge(s):

Officer Name	Officer Number	Department	ORI	Date of Report
TRP. S.R. FURR S.R. Furr	2071	NCSHP E/6	NCNHP0000	03/29/2005

DWD 3/31/2005