


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 100148	
 U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 2005 DEC 10 2005	Repository <input type="checkbox"/>
				Reference No. 10124020	
OWNER INFORMATION (Type or Print)					
Name				Daytime Telephone Number	
Address				E-mail Address	
City SYLACAUGA		State AL	Zip Code	Evening Telephone Number	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.					
Signature of Owner				Date 11.15.2005	
VEHICLE INFORMATION					
17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G8ZF125		Make SATURN	Model SC1	Model Year 1995	
Date Purchased 14-OCT-01	Dealer's Name and Telephone Number SATURN OF BIRMINGHAM		Engine: No. Cylinders 4	Fuel Type: Gas	
Original Owner <input type="checkbox"/>	Dealer's City BIRMINGHAM		State AL	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain UNKNOWN	Vehicle Component Code 140000 AIR BAGS		
			Multiple Failures: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 31-MAY-2006	Failure Mileage 183,822	Failure Speed AT 4 STOP TO TURN			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make	Tire Model (Name or Number)		Tire Size (Example: P215/65R16) P195/65 R15		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths	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).					
DT: THE CONTACT OWNS A 1995 SATURN SC1 COUPE. THE CONTACT SAYS THAT THE AIR BAGS DID NOT DEPLOY. UPON IMPACT THE DRIVER'S SEAT RECLINED. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974 (Public Law 93-502) 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)

I was stopped with turning signal on to turn left. I was hit from behind. She was traveling 40 to 50 miles per hour. Air bags did not deploy - which I thought upon impact (any impact) they deploy. I was wearing my seat belt. Driver's seat fully reclined when I was hit from behind. Had I not been wearing seat belt, injuries could have been severe. I thought air bags were a safety feature, but not with your saturated seat cover. I really loved and enjoyed my Saturn and I was very proud of it.

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](http://www.nhtsa.dot.gov/hotline)

November 15, 2005

To Whom It May Concern,

I am sorry it has taken me so long to reply to this Questionnaire concerning my 1995 Saturn. But it just took a little time to get everything together, plus the pictures.

The girl that hit me from behind had no insurance, I only had liability. So the damage she caused, was more than what I paid for the car. So I am just without. My address has changed since the totaling out of my car. The air-bags did not deploy and the seat - drivers - fully reclined. My correspondence please send to

[REDACTED]  
Dauphin Island, AL

Phone: [REDACTED]  
Cell- [REDACTED]



SEATING	Unit 1	12 - Pediatric 13 - Rider of Domestic Animal 14 - Operator of Motorized Vehicle 15 - Victim of Other Catastrophe/ Codes Not Applicable	Unit 2	12 - Pediatric 13 - Rider of Domestic Animal 14 - Operator of Motorized Vehicle 15 - Victim of Other Catastrophe/ Codes Not Applicable
	Other Injured Unit (Circle One)	Other Injured Code by Equip. Used	Other Injured Unit (Circle One)	Other Injured Code by Equip. Used

- ### CODES
- SAFETY EQUIPMENT**
- 01 - None Reported
  - 02 - Not Applicable
  - 03 - Unknown (Use Type)
  - 04 - Not Used
  - 05 - Reported
  - 06 - Not Reported
  - 07 - Child Safety Seat
  - 08 - Lap Belt Used
  - 09 - Shoulder Used
  - 10 - Shoulder Only Used
  - 11 - Seat Belt
  - 12 - None
  - 13 - None
  - 14 - Reported, Not Used
  - 15 - Not Reported, Not Used
  - 16 - Not Reported, Not Used
  - 17 - Not Reported, Not Used
  - 18 - Not Reported, Not Used
  - 19 - Not Reported, Not Used
  - 20 - Not Reported, Not Used
  - 21 - Not Reported, Not Used
  - 22 - Not Reported, Not Used
  - 23 - Not Reported, Not Used
  - 24 - Not Reported, Not Used
  - 25 - Not Reported, Not Used
  - 26 - Not Reported, Not Used
  - 27 - Not Reported, Not Used
  - 28 - Not Reported, Not Used
  - 29 - Not Reported, Not Used
  - 30 - Not Reported, Not Used
  - 31 - Not Reported, Not Used
  - 32 - Not Reported, Not Used
  - 33 - Not Reported, Not Used
  - 34 - Not Reported, Not Used
  - 35 - Not Reported, Not Used
  - 36 - Not Reported, Not Used
  - 37 - Not Reported, Not Used
  - 38 - Not Reported, Not Used
  - 39 - Not Reported, Not Used
  - 40 - Not Reported, Not Used
  - 41 - Not Reported, Not Used
  - 42 - Not Reported, Not Used
  - 43 - Not Reported, Not Used
  - 44 - Not Reported, Not Used
  - 45 - Not Reported, Not Used
  - 46 - Not Reported, Not Used
  - 47 - Not Reported, Not Used
  - 48 - Not Reported, Not Used
  - 49 - Not Reported, Not Used
  - 50 - Not Reported, Not Used
  - 51 - Not Reported, Not Used
  - 52 - Not Reported, Not Used
  - 53 - Not Reported, Not Used
  - 54 - Not Reported, Not Used
  - 55 - Not Reported, Not Used
  - 56 - Not Reported, Not Used
  - 57 - Not Reported, Not Used
  - 58 - Not Reported, Not Used
  - 59 - Not Reported, Not Used
  - 60 - Not Reported, Not Used
  - 61 - Not Reported, Not Used
  - 62 - Not Reported, Not Used
  - 63 - Not Reported, Not Used
  - 64 - Not Reported, Not Used
  - 65 - Not Reported, Not Used
  - 66 - Not Reported, Not Used
  - 67 - Not Reported, Not Used
  - 68 - Not Reported, Not Used
  - 69 - Not Reported, Not Used
  - 70 - Not Reported, Not Used
  - 71 - Not Reported, Not Used
  - 72 - Not Reported, Not Used
  - 73 - Not Reported, Not Used
  - 74 - Not Reported, Not Used
  - 75 - Not Reported, Not Used
  - 76 - Not Reported, Not Used
  - 77 - Not Reported, Not Used
  - 78 - Not Reported, Not Used
  - 79 - Not Reported, Not Used
  - 80 - Not Reported, Not Used
  - 81 - Not Reported, Not Used
  - 82 - Not Reported, Not Used
  - 83 - Not Reported, Not Used
  - 84 - Not Reported, Not Used
  - 85 - Not Reported, Not Used
  - 86 - Not Reported, Not Used
  - 87 - Not Reported, Not Used
  - 88 - Not Reported, Not Used
  - 89 - Not Reported, Not Used
  - 90 - Not Reported, Not Used
  - 91 - Not Reported, Not Used
  - 92 - Not Reported, Not Used
  - 93 - Not Reported, Not Used
  - 94 - Not Reported, Not Used
  - 95 - Not Reported, Not Used
  - 96 - Not Reported, Not Used
  - 97 - Not Reported, Not Used
  - 98 - Not Reported, Not Used
  - 99 - Not Reported, Not Used

VICTIMS	Name	Address	Unit No.	Sex	Injury Type	Age	Sex	Eye Color	Hair Color
	Nicole Hardy	144 Pinecrest Dr. Childersburg, AL 35044	1	F	A	20	F	N	BM
R/A	Taken To	Address	Taken By						
	Sylvauss ER		Sylvauss Ambulance						

CODES	Injury Type	Event	First Aid By
	K - Skull B - Brain/Abrasion/Scalp A - Wound or Gash from Scrape C - Not Visible - Use Pain/Pain	H - Hit F - Fall P - Pedestrian T - Trapped U - Unknown A - Not Applicable	AMBULANCE ATTENDED D - Doctor M - Paramedic U - Other

**NARRATIVE AND DIAGRAM**

old Sylvauss Hwy.

Alabama Ave

Diagram NOT To Scale

Officer's Opinion of What Happened: Unit #1 was traveling east on Alabama Ave. Unit #1 did not realize that unit #2 had stopped for making a left turn until it was too late to stop before hitting unit #2. Unit #2 was stopped in traffic to make a left turn.

**ROADWAY ENVIRONMENT**

Unit 1	Controlling Road Vehicle	Surface Construction	Condition	Accident In Or Adjacent To Road Construction Zone?	Material On Roadway (Check/Mark)	Material Status	Character
1	1 - None	1 - Asphalt	1 - Dry	Yes	1 - None	1 - Not Applicable	1 - Straight-Level
2	2 - Shoulder High	2 - Concrete	2 - Ice	Yes	2 - Debris	2 - Report Government	2 - Straight-Down Grade
3	3 - Brake, Damage, Etc.	3 - Patch	3 - Fog	Yes	3 - Fuel/Oil/Grease	3 - Damaged From Vehicle	3 - Straight-Up Grade
4	4 - Snow	4 - Gravel	4 - Rain/Slush	Yes	4 - Dry	4 - Already In Road, Not From Vehicle	4 - Steady/Hi-Curve
5	5 - None	5 - Other	5 - Heavy	Yes	5 - Other	5 - Other	5 - Curve-Level
6	6 - None	6 - Other	6 - Other	Yes	6 - Other	6 - Other	6 - Curve-Down Grade
7	7 - None	7 - Other	7 - Other	Yes	7 - Other	7 - Other	7 - Curve-Up Grade
8	8 - None	8 - Other	8 - Other	Yes	8 - Other	8 - Other	8 - Curve-Hi-Curve
9	9 - None	9 - Other	9 - Other	Yes	9 - Other	9 - Other	9 - Curve-Down Grade
10	10 - None	10 - Other	10 - Other	Yes	10 - Other	10 - Other	10 - Curve-Up Grade

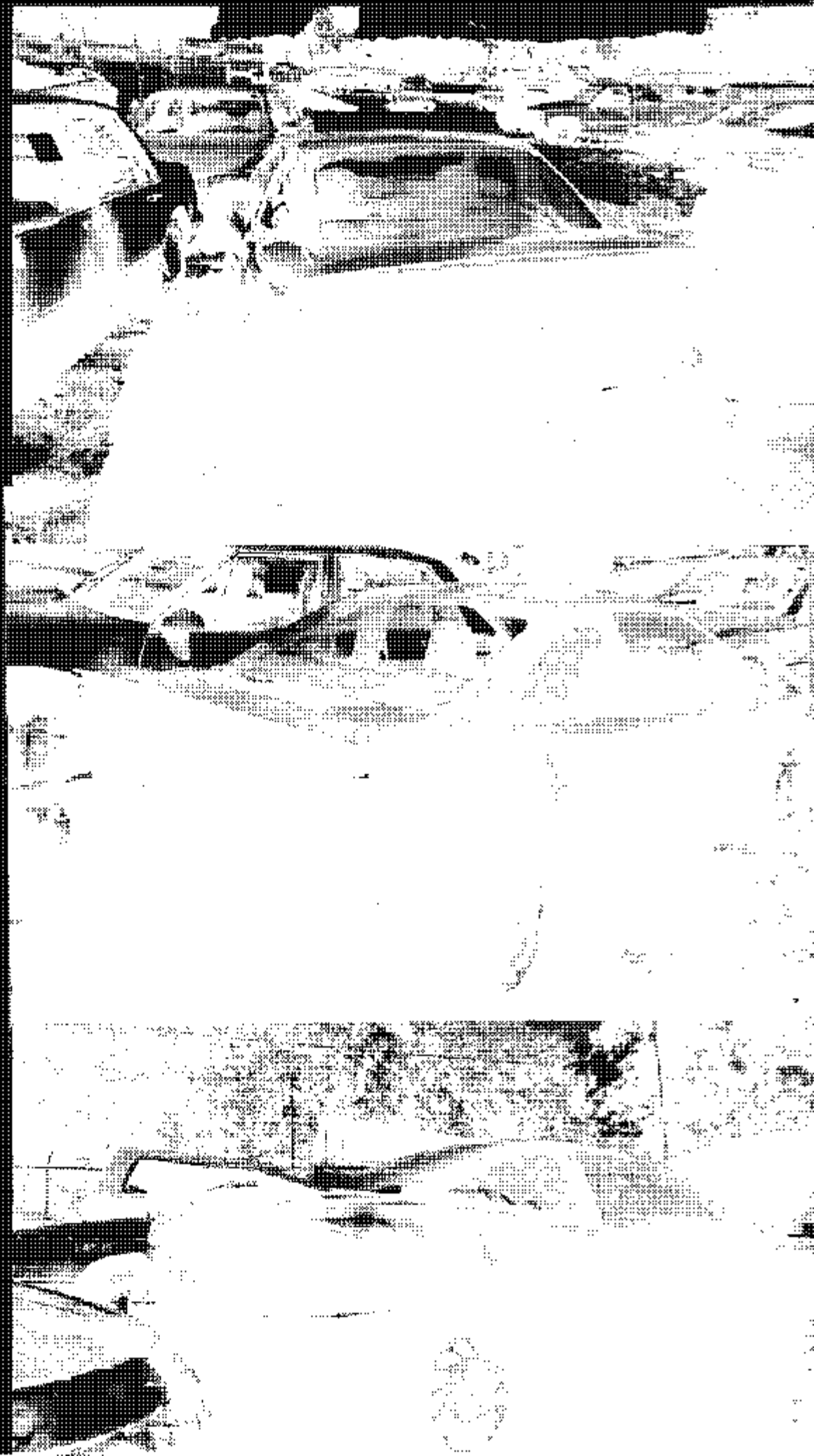
**INVESTIGATION**

Time Police Arrived	0:33	Time Police Arrived	0:44	Time Unit Arrived	0:38	Name of Photographer	NA
Witness Full Name	NA	Address		Telephone			
Witness Full Name	NA	Address		Telephone			
Name of Investigating Officer	Charles L. Joiner	Officer ID	1007	Agency	ALAST1100	Agency Phone	464
Name of Other Investigating Officer(s)	NA	Officer ID		Agency			

The data on this report reflects only the knowledge, opinion and belief of the officer, but no warrant is made as to the factual accuracy thereof.

Signature of Investigating Officer: *C. L. Joiner*

Date: 05/31/2005



08/11/2005 at 09:32 AM  
80015

Job Number:

**PRELIMINARY ESTIMATE**  
1995 SATU SC1 4-1.9L-PI 2D CPE Int:

I hereby authorize Brown's Auto Collision to perform these repairs on my vehicle.  
You and your employee's may operate this vehicle for the purpose of testing, inspection and delivery.

Authorized by \_\_\_\_\_

+++++  
+++++  
I hereby authorize any insurance company liable for this claim to direct payment for repairs to Brown's Auto Collision only.

Authorized by \_\_\_\_\_

**WARRANTY**

+++++  
+++++  
Brown's Auto Collision does warranty paint and workmanship for a period of one year from date of delivery.

estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DEBIAS1 Database Date 07/2005, CCC Data Date 07/2005, and the parts selected are OE/Vehicle dealerships. OPT OEM parts are OEM parts that are provided by or through alternate sources other than the OE/Vehicle dealerships. OPT OEM parts may reflect some specific, special, or unique pricing or discount. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (-) items indicate MOTOR Not-Included Labor operations. Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Repl Parts which stands for Competitive Replacement Parts. Used parts are described as Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Rscore. NAGS Part Numbers and Prices are provided by National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

CCC Pathways - A product of CCC Information Services Inc.

**BROWN'S AUTO COLLISION & PAINTING**  
 "Where Quality Is No Accident"  
 301 W. Highland Avenue  
 Sylacauga, AL 35150  
 (256)249-3830 Fax: (256)249-4227

**PRELIMINARY ESTIMATE**

Written By: Tommy Brown  
 Adjuster:

Insured: Alice Gallups  
 Owner: Alice Gallups  
 Address:  
 Evening: (256)249-2480

Claim #  
 Policy #  
 Deductible:  
 Date of Loss:  
 Type of Loss:  
 Point of Impact:

Inspect  
 Location:

Insurance  
 Company:

Days to Repair

1995 SATU SCL 4-1.9L-FI 2D CPE Int:

VIN: 1GBZF1280S2121828 Lic:

Prod Data:

Odometer:

Rear Defogger	Tilt Wheel	Intermittent Wipers
Tinted Glass	Body Side Moldings	Dual Mirrors
Clear Coat Paint	Power Steering	Power Brakes
AM Radio	FM Radio	Stereo
Driver Air Bag	Cloth Seats	Bucket Seats
Recline/Lounge Seats	Automatic Transmission	Overdrive

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		QUARTER PANEL					
2*	Repl	LKQ RT sheet metal; Sedan +25%	1		218.75	1.2	2.0
3		Add for Clear Coat					0.8
4*	Rpr	RT Inner qtr panel				s 2.0	
5		REAR SUSPENSION					
6*	Repl	LKQ RT Trailing arm	1		30.00	m 0.7	M
7		Align four wheels				m 2.3	M
8*	Repl	LKQ RT Ft lateral arm	1		30.00	m 0.8	
9		REAR BODY					
10*	Rpr	Rear panel				4.0	2.0
11		Overlap Major Adj. Panel					-0.4
12		Add for Clear Coat					0.3
13#		Pull & Align Unibody/Frame	1			4.0	F
		Rear Floor					
14		REAR BUMPER					
15**	Repl	RECOND Bumper cover	1		206.00	1.1	2.5
16		Add for Clear Coat					1.0
17		EXHAUST SYSTEM					

**PRELIMINARY ESTIMATE**  
1995 SATU SC1 4-1.9L-FI 2D CPE Int:

NO.	OP.	DESCRIPTION	QTY	EKT.	PRICE	LABOR	PAINT
18	Repl	Muffler & pipe SOHC	1	142.96	m	0.8	
19		TRUNK LID					1.1
20	Blnd	Trunk lid					
21	R&I	Speller				0.4	
22		DOOR					0.8
23	Blnd	RT Outer panel upper					0.6
24	Blnd	RT Outer panel lower					
25#		Cover Car for Overspray	1	5.00	X		
26#		Hazardous Waste Removal	1	5.00	X		
27		OTHER CHARGES					
28#		Towing	1	125.00			
29#		Storage	1	540.00			

Subtotals ==> 1302.71 17.3 10.7

Parts				627.71
Body Labor	10.3 hrs @	\$ 42.00/hr		432.60
Paint Labor	10.7 hrs @	\$ 42.00/hr		449.40
Mechanical Labor	3.0 hrs @	\$ 60.00/hr		180.00
Frame Labor	4.0 hrs @	\$ 42.00/hr		168.00
Paint Supplies	10.7 hrs @	\$ 25.00/hr		267.50
Sublet/Misc.				10.00
Other Charges				665.00

SUBTOTAL				\$ 2800.21
Sales Tax	\$ 627.71 @	8.0000%		50.22
<b>GRAND TOTAL</b>				<b>\$ 2850.43</b>

ADJUSTMENTS:				
Deductible				0.00
CUSTOMER PAY				\$ 0.00
INSURANCE PAY				\$ 2850.43