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

2005 OCT 05 11:34

FOR AGENCY USE ONLY 100148	
Date Received: 03-OCT-2005	Repository ☐
	Reference No.: 10138382

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City: BRIGHTON	State: MI	Zip Code: [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO CHANGED TO YES
In the absence of an au[redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/19/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GTDT1[redacted] REPLACEMENT VEHICLE 1GTDT1[redacted] FIRST VEHICLE	GMC	CANYON	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
29-JUL-05	RANDY WISE BUICK-GMC 810-629-1551			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City: FENTON	State: MI	Zip Code: 48430		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: 4 WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-AUG-2005	300		

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		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): AND INTO A PARKED VEHICLE

OT: 2005 GMC CANYON. THE CONSUMER PURCHASED THE VEHICLE AND HAD IT SIX DAYS WHEN THE VEHICLE KICKED INTO HIGH SPEED, 50-60 MPH. THE VEHICLE WENT OVER A CLIFF AND WAS TOTALED. THE CONSUMER BROKE HIS HAND, AND THE CONSUMER'S WIFE BRUISED HER KIDNEY. THE INSURANCE COMPANY GOT THE CONSUMER A NEW VEHICLE. THE VEHICLE WAS BEING PARKED INTO THE GARAGE AND THE RPMS REVVED TO 5,600. THE CONSUMER STATED IT FELT LIKE WHEN THE CRUISE CONTROL KICKED IN, BUT CRUISE CONTROL WAS NOT ON. THEN, THE CONSUMER CALLED THE LOCAL DEALERSHIP, AND THEY TOLD HIM TO BRING THE VEHICLE IN. THE DEALERSHIP CALLED THE CONSUMER BACK AFTER HAVING THE VEHICLE FOR A DAY AND TOLD THE CONSUMER TO COME AND GET THE VEHICLE. THEY DID NOT KNOW WHY THIS HAPPENED. A POLICE REPORT WAS TAKEN WITH THE FIRST CRASH.*AK

0 NEW

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

6D/ 1013 89 88

Authority: 1949 PA 300, MCL 257.622
Compliance: Required MSP UD-10
Penalty: $100 and/or 90 days (Rev 1/04)

Do Not Use

Page 1 of 1

Incident # 1124522010101

File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 4701200H

Department Name: MSP BRIGHTON #12

Incident Disposition: Closed

Do Not Write or Mark On This Side of The Line

Crash Date: 08052005 | Crash Time: 2125 | No. of Units: 02

County: 47 | City/Twp: 05

Traffic Control: None of These

Relation to Roadway: On Road

Crash Type: Rear End

Special Circumstances: None

Weather: Clear

Light: Dark-Unlighted

Road Condition: Dry

Zone: 10 | Total Lanes: 2 | Speed Limit: 25

Construction Zone (if applicable) (Mark One From Each Group)

Road Name: OAK POINTE | Road Type: DR

Distance: 500 Ft West

Intersecting Road: GOLF VIEW | Road Type: DR

Unit Number: 1 | State: MI | Driver License Number: [redacted] | Date of Birth: [redacted]

Total Occup: 02 | Age: 13

Unit Type: MV

Name: [redacted]

Street Address: [redacted]

City: BRIGHTON, MI [redacted]

Injury | Position: 0F | Restraint: 04

Driver Condition | Interlock: No | Alcohol: No | Drugs: No

Ambulance: LIV CO

Airbag Deployed: Yes

Vehicle Registration: NO PLATE

Insurance: HOME OWNERS

Towed To: INTERNATIONAL

VIN: 1GTDT1[redacted] | Vehicle Description: 05 | Make: CHEVROLET (?) | Year: 2005

Location of Greatest Damage: 1

First Impact: 01 | Extent of Damage: 3 | Driveable: No

First Name / Middle / Last

Injury K A B C O | Airbag Deployed

Date of Birth MMDDYYYY | Sex M F | Position | Restraint | Hospital

Street Address | City | State | Zip | Phone Number | Ambulance | Ejected | Trapped

Uninjured Passenger | Name: [redacted]

Phone Number: [redacted] | Age: 13 | Pos: 3 | Rest: 4

Person Advised of Damaged Traffic Control | Damaged Property | Owner & Phone

UD-10 SERIAL NUMBER: 7083809

Do Not Write or Mark In This Area

Do Not Write or Mark Below This Line

12-4500-05 | 9300-1

BACK

Unit Number: 2 | State | Driver License Number

NCS

Date of Birth | License Type | Sex | Total Occup | Hazard Action

Unit Type | Name: PARKED

Street Address

City | State | Zip | Phone Number

Driver Condition

Interlock ◯ Yes ◯ No ◯ Refused ◯ Not offered

Alcohol ◯ Yes ◯ No Test Type ◯ Field ◯ PBT ◯ Breath ◯ Blood ◯ Urine Test Results

Drugs ◯ Yes ◯ No Test Type ◯ Blood ◯ Urine Test Results

Injury | Position | Restraint | Hospital | Ambulance

Ejected ◯ Yes | Trapped ◯ Yes

Airbag Deployed ◯ Yes ◯ Not Equipped ◯ No

Citation Issued: Hazardous ◯ Other ◯

Vehicle Registration: [redacted] | State: MI | Insurance: NATIONWIDE MUTUAL

Towed to/By

VIN: 1J4GZ5[redacted]

Vehicle Description: Make: JEEP | Model: STA WGN | Color: SILVER | Year: 1994

Location of Greatest Damage | Vehicle Type | Vehicle Direction | Special Vehicles | Privately Trafficway Type

Est Speed: 05 | Extent of Damage: 3 | Driveable ◯ Yes ● No

Vehicle Defect | Vehicle Use

First Name | Middle | Last | Date of Birth MMDDYYYY | Sex | Position | Restraint | Hospital | Ambulance

Injury ◯ K ◯ A ◯ B ◯ C ◯ O | Airbag Deployed ◯ Yes ◯ No ◯ Not Employed

First Name | Middle | Last | Date of Birth MMDDYYYY | Sex ◯ M ◯ F | Position | Restraint | Hospital

Street Address | Ambulance

City | Ejected ◯ Yes | Trapped ◯ Yes

State | Zip | Phone Number

Injury ◯ K ◯ A ◯ B ◯ C ◯ O | Airbag Deployed ◯ Yes ◯ No ◯ Not Employed

● Owner ◯ Witness ◯ Uninjured Passenger | Name: [redacted] BRIGHTON MI [redacted] | Phone Number | Age | Pos. | Inj.

◯ Owner ◯ Witness ◯ Uninjured Passenger | Name | Address | Phone Number | Age | Pos. | Inj.

Unit Reported on Front

Action Prior	First	Second	Third	Fourth
09	01	17		

Unit Reported Above

Action Prior	First	Second	Third	Fourth
23	3			

Unit Number | Carrier Name

Address

City | State | Carrier Source

Zip | GVWR

ICC/MC | Driver's CDL Type

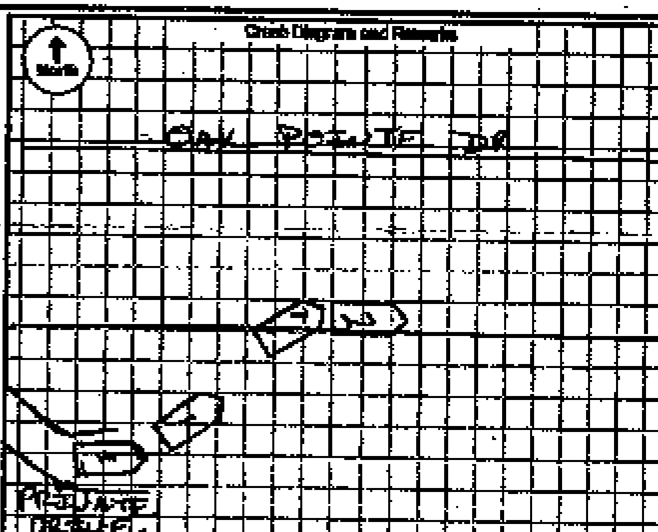
USDOT | CDL Restrictions

MPSC | CDL Exempt | Vehicle Type

Type & Action Per Unit: First | Second | Third | Fourth

Cargo Body Type | Medical Card ◯ Y ◯ N | Hazardous Material ◯ Placard ◯ Cargo Spill

Crash Diagram and Remarks



#1 STATED HE WAS PULLING INTO HIS DRIVEWAY WHEN THE ACCELERATOR STUCK. #1 TRIED TO STOP HIS VEHICLE. #1 COULD NOT STOP. #1 STRUCK #2 WHOSE VEHICLE WAS LEGALLY PARKED.

NOT TO ANY SCALE

UD-10 SERIAL NUMBER: 7083809

Investigated at Scene | Reported Date/Time: 8-5-05 2125 | Photos By

Investigator Name(s) & Badge # (Print Only): TROOPER CARBERRY #1229

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark Below This Line

PHOTOS

ODI 10138382

PHOTO # 1 AND 2 SHOW THE VEHICLE TRAVEL PATH OVER CLIFF TO POINT OF CONTACT WITH PARKED JEEP SUV.

PHOTO # 3 SHOW THE HOLE IN THE DRIVE WAY THE BACK WHEELS MADE WHEN KICKED IN HIGH SPEED.

PHOTO # 4, 5 AND 6 SHOW THE ACTION OF THE ANTI-LOCK BRAKES

PHOTO # 7 SHOW POINT OF CONTACT WHEN THE VEHICLE THE VEHICLE LANDED AFTER COMING OVER THE CLIFF CLEARING THE TREE.

PHOTO # 8, 9, AND 10 SHOW THE POINT OF CONTACT WITH THE PARKED JEEP SUV. ALL TOTALED.

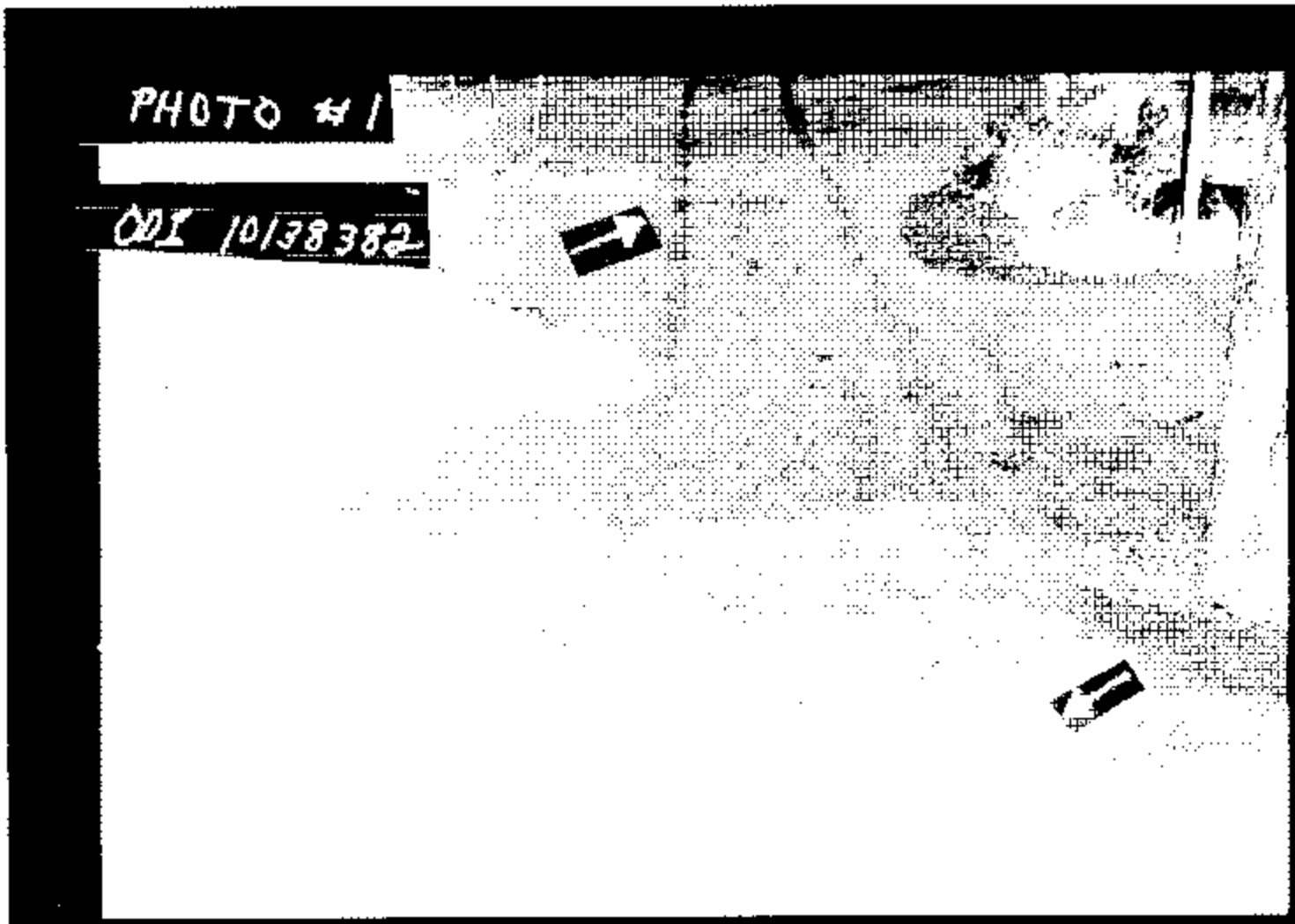
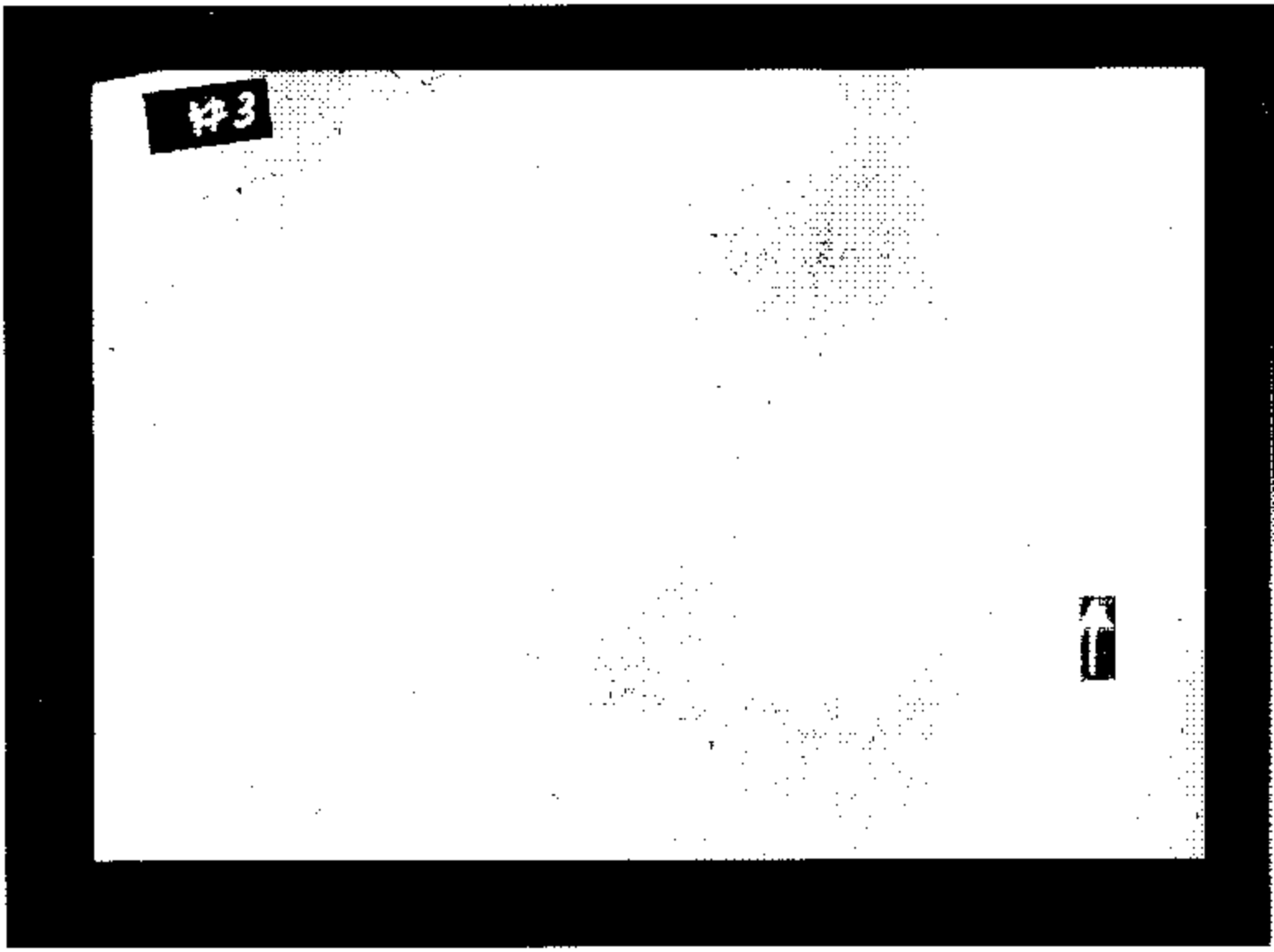


PHOTO #1
ODI 10138382


#2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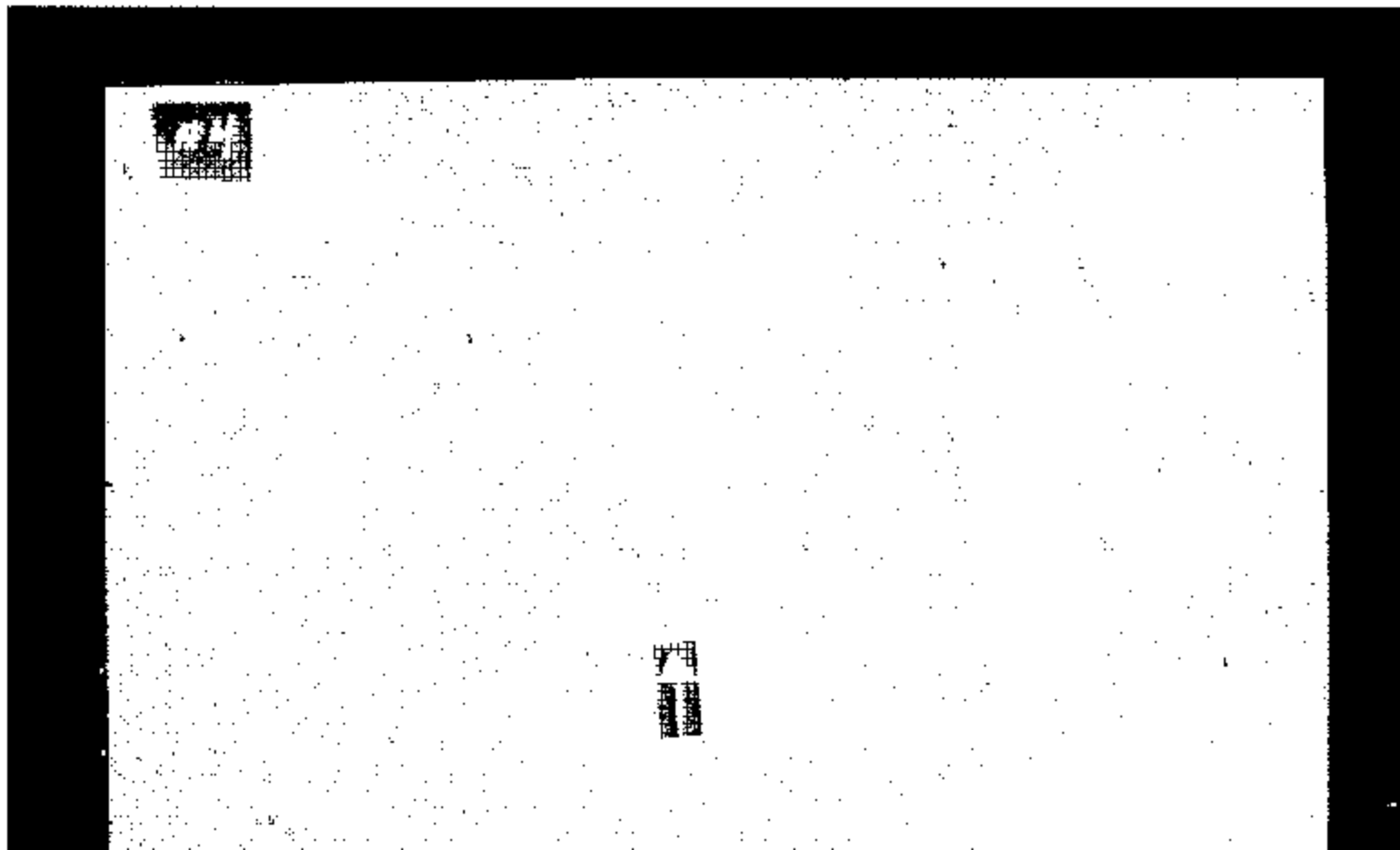

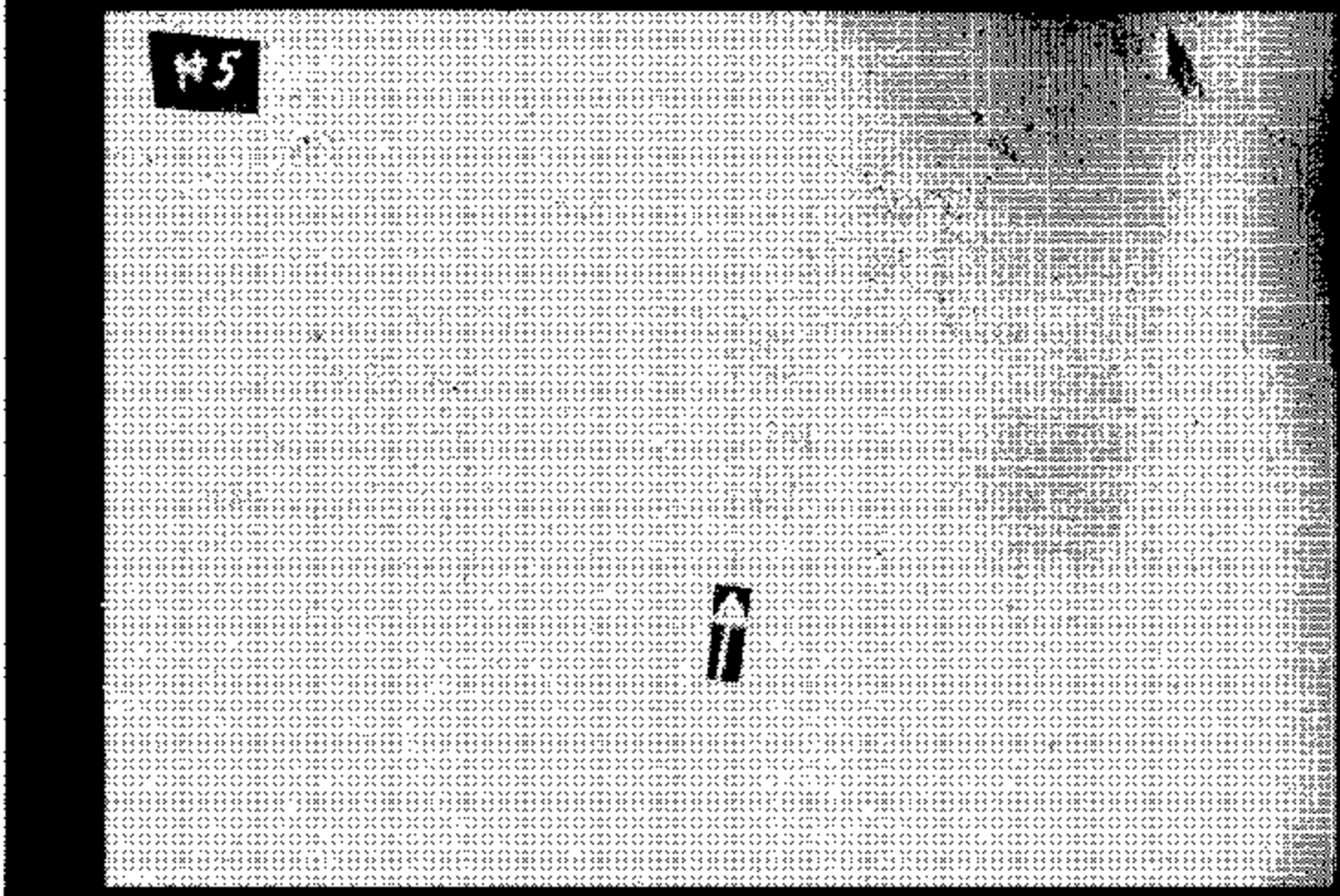
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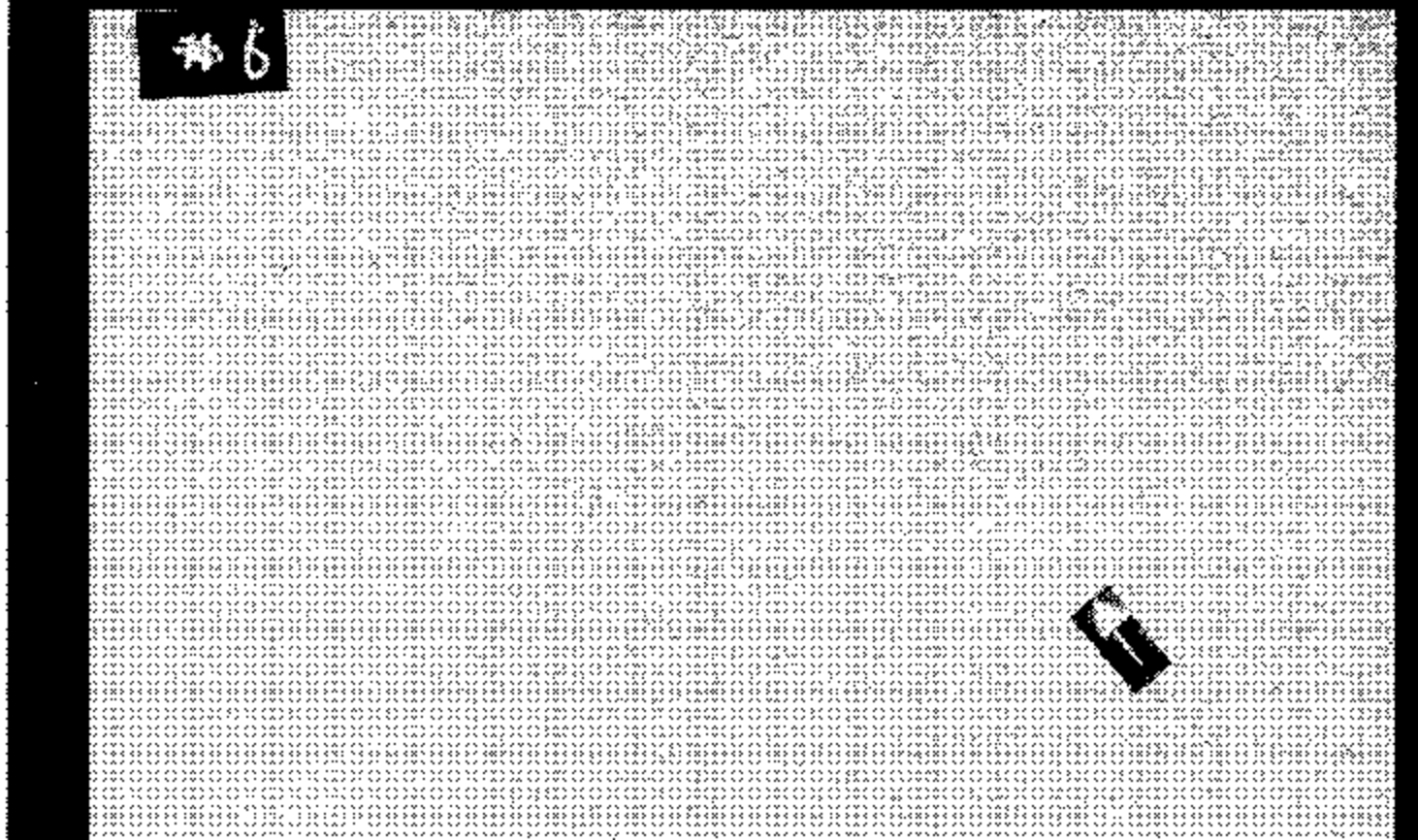
#6

#7

#8

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).