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 100148

Date Received 2005 OCT 3 PM 2:46

03-OCT-2005

Repository ☐

Reference No. 10138394

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City BAKERSFIELD | State CA | Zip Code [redacted]

Daytime Telephone Number [redacted] | E-mail Address

Evening Telephone Number [redacted]

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 [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
2GCEC19V51[redacted]	CHEVROLET	SILVERADO	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2-9-03	THREE WAY CHEVORLET 661-283-3550			No. Cylinders 8	Gas
Original Owner ☐	Dealer's City BAKERSFIELD	State CA	Zip Code 93309		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-JUN-2005		15-25	Airbag driver side

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: 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:	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).

THERE WAS AN ACCIDENT ON JUNE 1, 2005. UPON IMPACT, THE DRIVER'S SIDE FRONTAL AIRBAG FAILED TO DEPLOY. THE PASSENGER SIDE AIRBAG HAD BEEN TURNED OFF. THE DRIVER SUSTAINED MINOR INJURIES. THE CONSUMER'S VEHICLE HIT ANOTHER FROM THE FRONT. A POLICE REPORT WAS TAKEN. NO AIRBAG WARNING LIGHT CAME ON.*AK

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)

Was traveling approximately 15-25 mph Hit a parked trailer on driver side and airbag didn't deploy. The repairs haven't been made so I don't have receipts. I do have police Report.

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

Comprehensive Blood & Cancer Center
6501 Truxtun Avenue
Bakersfield, CA 93309

BAKERSFIELD CA 933 AS
PM
20 OCT
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

TRAFFIC COLLISION REPORT - Property Damage Only

BAKERSFIELD POLICE DEPARTMENT

SPECIAL CONDITIONS | COLLISION OCCURRED ON: BENTON STREET (3200 BLOCK) | CASE NUMBER: 05-103841

☐ AT INTERSECTION WITH OR ☒ 300 (FEET/MILES) N OF: PLANZ ROAD (2400 BLOCK) | MO: 6 | DAY: 1 | YEAR: 05 | TIME: 1259

PARTY 1 DRIVER ☐ PED ☐ PKD. VEH. ☐ BICYCLE ☐ OTHER

NAME [redacted] | RACE: W | SEX: F | DOB [redacted] | DRIVER'S LICENSE NUMBER [redacted] | STATE: CA

ADDRESS [redacted] | CITY: BK | HOME PHONE [redacted] | BUS. PHONE [redacted]

VEH. YR: 04 | MAKE / MODEL: CHEV / SILVERADO | LICENSE [redacted] | STATE: CA | COLOR: SIL | DAMAGE: FRONT / MODERATE | DISPO OF VEH: TOWED / PRIVATE

OWNER'S NAME [redacted] ☐ SAME AS ABOVE | OWNER'S ADDRESS [redacted] ☐ SAME AS ABOVE

DIR. OF TRAVEL: N | ON / ACROSS (STREET OR HWY): BENTON | INSURANCE COMPANY / POLICY NUMBER: OCEAN HARBOR [redacted]

PARTY 2 DRIVER ☐ PED ☐ PKD. VEH. ☒ BICYCLE ☐ OTHER

NAME | RACE | SEX | DOB | DRIVER'S LICENSE NUMBER | STATE

ADDRESS | CITY / ZIP | HOME PHONE | BUS. PHONE

VEH. YR: 95 | MAKE / MODEL: GMC / TRUCK | LICENSE [redacted] | STATE: CA | COLOR: WHT | DAMAGE: REAR / MINOR | DISPO OF VEH: DFS

[redacted] ☐ SAME AS ABOVE | [redacted] ☐ SAME AS ABOVE

DIR. OF TRAVEL: N | ON / ACROSS: BENTON (STREET OR HWY) | INSURANCE COMPANY / POLICY #: STATE FARM [redacted]

PARTY 3 DRIVER ☐ PED ☐ PKD. VEH. ☒ BICYCLE ☐ OTHER

NAME | RACE | SEX | DOB | DRIVER'S LICENSE NUMBER | STATE

ADDRESS | CITY / ZIP | HOME PHONE | BUS. PHONE

VEH. YR: 00 | MAKE / MODEL: SPCN3 / TRAILER | LICENSE [redacted] | STATE: CA | COLOR: WHT | DAMAGE: REAR / MAJOR | DISPO OF VEH: TOWED - PRIVATE

[redacted] ☐ SAME AS ABOVE | [redacted] ☐ SAME AS ABOVE

DIR. OF TRAVEL | ON / ACROSS | (STREET OR HWY) | INSURANCE COMPANY / POLICY NUMBER

☒ WITNESS ☐ R/P | NAME / RACE / SEX / DOB: [redacted] | ADDRESS | HOME PHONE | BUS. PHONE

☐ WITNESS ☐ R/P | NAME / RACE / SEX / DOB | ADDRESS | HOME PHONE | BUS. PHONE

PROPERTY OWNER | NAME | ADDRESS | HOME PHONE & BUS. PHONE | DAMAGE:

[redacted]

OFFICERS WILL NOT DETERMINE FAULT ON NON-INJURY COLLISIONS

	A. VC SECTION
	VIOLATION
	B. OTHER IMPROPER DRIVING
	C. OTHER THAN DRIVER
	D. UNKNOWN
X	A. DAYLIGHT
	B. DUSK - DAWN
	C. DARK - STREET LIGHTS
	D. DARK - NO STREET LIGHTS
	E. DARK - STREETS LIGHTS NOT FUNCTIONING
X	A. DRY
	B. WET
	C. SNOWY - ICY
	D. SLIPPERY (MUDDY, OILY, ETC.)
	A. HOLES, DEEP RUTS
	B. LOOSE MATERIAL ON ROADWAY
	C. OBSTRUCTION ON ROADWAY
	D. CONSTRUCTION - REPAIR ZONE
	E. REDUCED ROADWAY WIDTH
	F. FLOODED
	G. OTHER
X	H. NO UNUSUAL CONDITIONS
X	A. CLEAR
	B. CLOUDY
	C. RAINING
	D. SNOWING
	E. FOG
	F. OTHER

	A. CONTROLS FUNCTIONING
	B. CONTROLS NOT FUNCTIONING
	C. CONTROLS OBSCURED
X	D. NO CONTROLS PRESENT
	A. HEAD-ON
	B. SIDESWIPE
X	C. REAR END
	D. BROADSIDE
	E. HIT OBJECT
	F. OVERTURNED
	G. AUTO / PEDESTRIAN
	H. OTHER
	A. STOPPED
X	B. PROCEEDING STRAIGHT
	C. RAN OFF ROAD
	D. MAKING RIGHT TURN
	E. MAKING LEFT TURN
	F. MAKING U TURN
	G. BACKING
	H. SLOWING - STOPPED
	I. PASSING OTHER VEHICLE
	J. CHANGING LANES
	K. PARKING MANEUVER
	L. ENTERING TRAFFIC
	M. OTHER UNSAFE TURNING
	N. CROSSED INTO OPPOSING LANE
X	O. PARKED
	P. MERGING
	Q. TRAVELING WRONG WAY
	R. OTHER

DATE AND TIME FRAME:

DESCRIPTION OF DAMAGE CAUSED BY SUSPECT VEHICLE:

VEHICLE # _____

LOCATION AND DESCRIPTION: _____

HEIGHT AND WIDTH OF DAMAGE: _____

PAINT OR OTHER TRANSFER: _____

VEHICLE # _____

LOCATION AND DESCRIPTION: _____

HEIGHT AND WIDTH OF DAMAGE: _____

PAINT OR OTHER TRANSFER: _____

OTHER DAMAGE:

V-1 CROSSED CENTER LINE OF BENTON ST AND STRUCK THE REAR OF V-3. V-3 IS A GARDENING TRAILER TOWED BY V-2. V-2 AND V-3 WERE DOUBLE PARKED THE WRONG WAY.

PD 843372

OFFICER / BADGE [redacted] 919

PROPERTY SEIZED NO ☐ YES ☐ DESCRIBE ABOVE

[redacted] STATES THAT IF DAMAGE EXCEEDS $500, YOU OR YOUR [redacted] COMPANY MUST SUBMIT A STATE DAMAGE REPORT (SR1)