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 DEC 19 PM 2:51
30-NOV-2005

Repository ☐
Reference No.: 10143997

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: COLUMBIA | State: MS | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number: [redacted]
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 [redacted] *e or address to the vehicle manufacturer.*
Signature of Owner: [redacted] Date: 12-8-2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4M2ZU66E52Z[redacted]	MERCURY	MOUNTAINEER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
10-OCT-04	MACK Grubbs Motors - 601 731-1963			6	Gas
0 Owner	Dealer's City: Columbia	State: MS	Zip Code: 39429		

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-AUG-2005	100000	45	Air bags Fail to deploy

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: DOTMA9ABC036)	☐ 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		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'S VEHICLE WAS INVOLVED IN A HEAD ON COLLISION WITH A TREE WHILE DRIVING AT 45 MPH. UPON IMPACT, THE FRONT AIR BAGS DID NOT DEPLOY. THERE WAS ONE INJURY REPORTED. THE INSURANCE COMPANY WAS NOTIFIED AND A REPORT WAS TAKEN. THE MANUFACTURER WAS CONTACTED. THEY REQUESTED THAT THE VEHICLE BE DELIVERED TO THEM FOR ANALYSIS. THE INSURANCE COMPANY HAD ALREADY TAKEN THE VEHICLE. A POLICE REPORT WAS TAKEN. *AR

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 was going East bound on highway 43 and PARK Forkedberry Rd when I lost control to Left and hit a tree, and Falling into Ditch. On 08-10-2005

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 78173 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

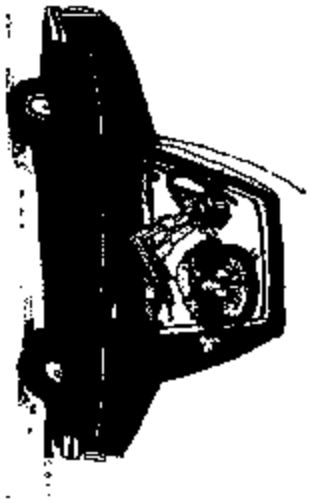
DASH2DOT

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
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MUCR Person/Occupant

V6. Veh. # 0 1 | P5. Person # 0 1 | [redacted] | Agency Case Number [redacted] | Page 0 3 of 0 4

P1. Person Type ● Driver ○ Pedestrian ○ Bicyclist ○ Skater ○ Other non-motorist ○ Train Engineer ○ Hit and Run Driver

P2. License # [redacted] | P3. State M S | P4. CDL? ● N ○ Y | P5. DOB mm/dd/yyyy [redacted]

P6. First Name [redacted] | M | Last Name [redacted]

P7. Address [redacted] | P8. Phone Number

P9. City COLUMBIA | P10. State M S | P11. Zip Code [redacted]

○ Y ● N ○ P

○ Not Transported ○ Police ○ Home ● EMS ○ Private Vehicle

P17. EMS Agency Code [redacted] | P18. Medical Facility Code [redacted]

● No Defects Apparent ○ Obviously Intoxicated ○ Unknown ○ Physical Impairment ○ Hit and Run ○ Affected by Exhaust Fumes ○ Drinking - Not Impaired ○ Using Drugs - Impaired ○ Drinking - Impaired ○ Using Drugs - Not Impaired ○ Fell Asleep/Fainted/Fatigued ○ Pending Lab Results

○ Unknown ○ Pushing vehicle ○ Entering/Crossing Roadway ○ Approaching/leaving vehicle ○ Walking/running/playing/cycling ○ Playing/working on vehicle ○ Working ○ Standing

○ No Apparent Improper Driving ○ Made Improper Turn ○ Not Visible (Dark Clothing) ○ Failed to Yield Right of Way ○ Left of Center ○ Operating Defective Equipment ○ Following Too Closely ● Failure to keep proper lane/Run off road ○ Passed Stop Sign ○ Speed Too Fast For Conditions ○ Avoidance ○ Pedestrian Actions ○ Driving Under The Influence ○ Drove on Wrong Side of Road ○ Ran Red Light ○ Animal on Roadway ○ Fatigued/Asleep ○ Roadway Defects ○ Faulty Equipment ○ Illegally Crossing Median ○ Visibility Obstructed ○ Exceeded Lawful Speed ○ Improper Lane Change ○ Improper Backing ○ Improper Passing/Overtaking ○ Lying and/or Illegally in roadway ○ See Crash Description

● Shoulder & Lap Belt ○ None ○ Lap Belt ○ Automated Restraint ○ Shoulder Belt ○ Child Safety Seat ○ Helmet

○ None ● Complaint of Pain ○ Moderate ○ Life Threatening ○ Killed

● Not ○ Partially ○ Totally

Ejected/ted ● N ○ Y

● M ○ F

○ White ○ Hispanic ● Black ○ Other

○ Left ○ Center ○ Right

○ Deployed - Front ● Not Deployed ○ Deployed - Side ○ No Airbag ○ Deployed - Both

● None ○ Serum ○ Blood ○ Urine ○ Breath

● None given ○ Test given ○ Test refused ○ Test given, pending

. [ ]

● None ○ Serum ○ Blood ○ Urine

● None given ○ Test given, pending ○ Test refused ○ Test given

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O5. Victim's #: | O1. First Name | M | Last Name

O2. Address Same as Person #: | O3. Address | O4. City | O5. State | Unborn Child ○

○ Front-Driver ○ Front-Middle ○ Front-right ○ 2nd-left ○ 2nd-middle ○ 2nd-right ○ 3rd-left ○ 3rd-middle ○ 3rd-right ○ Sleeper of Truck Cab ○ Encl. Pass./Cargo Area ○ Unencl. Pass./Cargo Area ○ Riding on Exterior ○ Towed Vhcl./Trailer

○ Shoulder and Lap Belt ○ None ○ Lap Belt ○ Automated Restraint ○ Shoulder Belt ○ Child Safety Seat ○ Helmet

○ M ○ F | ○ White ○ Hispanic ○ Black ○ Other | ○ M ○ Y | ○ N ○ Y | ○ Not ○ Partially ○ Totally

○ None ○ Life Threatening ○ Complaint of Pain ○ Moderate ○ Killed

○ Deployed - Front ○ Not Deployed ○ Deployed - Side ○ No Airbag ○ Deployed - Both

○ Not Transported ○ Police ○ Home ○ EMS ○ Private Vehicle | O16. EMS Agency Code | O17. Medical Facility Code

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○ M ○ F | ○ White ○ Hispanic ○ Black ○ Other | ○ M ○ Y | ○ N ○ Y | ○ Not ○ Partially ○ Totally

○ None ○ Life Threatening ○ Complaint of Pain ○ Moderate ○ Killed

○ Deployed - Front ○ Not Deployed ○ Deployed - Side ○ No Airbag ○ Deployed - Both

5899010293

○ Not Transported ○ Police ○ Home ○ EMS ○ Private Vehicle | O16. EMS Agency Code | O17. Medical Facility Code

MI/CR Vehicle

V1. Vehicle #: 01 V1. Total Damaged: 01 Agency Number: [redacted] Agency Case Number: [redacted] Page 04 of 04

V2. State: MI V3. Year: 2005 V4. License Plate Number: [redacted]

Same as Driver: [redacted] V5. Owner Name: [redacted]

V6. Make: MERCURY V6. Model Year: 2002 V13. Address: [redacted]

V7. Vehicle Model: MOUNTAINEER V8. Vehicle Color: BLAC V14. City: COLUMBIA V15. State: MS V16. Zip Code: [redacted]

V9. Damage: Heavy Light None V10. Impact Zone: 55 V11. Est. Repair: 45 V12. No Proof of Insurance: [redacted] V17. Insurance Company Name: [redacted] V18. Policy Number: [redacted]

Collision w/ Person, Vehicle/Non-Fixed Object: 1 2 3 4
- Animal
- Bicyclist
- Maintenance Equip.
- Moving Vehicle
- Parked Vehicle
- Pedestrian
- Train
- Slowing Vehicle
- Stopped Vehicle in Road

Non-Collision: 1 2 3 4
- Cargo Loss/Shift
- Crossover
- Equipment Failure
- Fell/Jump from Vehicle
- Fire/Explosion
- Immersion
- Jackknife
- Median/Centerline
- Thrown/Falling Object
- Off roadway/Left
- Off roadway/Right
- Overturn/Rollover
- Unit Separation
- Over Correcting/Steering

Collision w/ Fixed Object: 1 2 3 6
- Attenuator/Cushion
- Bridge Structure
- Culvert
- Curb
- Ditch
- Embankment
- Fence
- Guardrail
- Mailbox
- Median Barrier
- Post/Pole/Support
- Tree
- Other Fixed Object

V19. Vehicle Action:
- Going Straight
- Avoidance
- Making Left Turn
- Lane Change
- Stopped
- Leaving Parking
- Slow/Stop in Road
- Overtaking/Passing
- Parked
- Parking Position
- Backing
- Making U Turn
- Making Right Turn
- In Tow

V20. Vehicle Type:
- Passenger Car
- Light Truck
- Station wagon/Van
- SUV
- Motorcycle
- Other
- RV
- School Bus
- Single-Unit Truck(2)
- Single-Unit Truck(3+)
- Farm Tractor
- Tractor/Semi-Trailer
- Tractor(2)
- Tractor(3)
- Train
- Truck/Trailer
- Emergency Veh.
- Commercial Bus
- ATV
- Farm Equip.
- Unknown Truck

V22. Vehicle Configuration:
- Under
- Overturn
- None
- Other

V23. Trailing Units:
- None
- Right only
- Left Only
- Both Sides
- Separate
- Signed

V24. Traffic Control:
- Channel-Painted
- Channel-Physical
- Flag Person
- Flashing Signal Red
- Flashing Signal Yellow
- No Passing
- None
- Officer
- RR Flashing Signal
- RR Signal and Gate
- Signal
- Stop Sign
- Railroad Sign
- Yield Sign

V27. Device Functioning? Y N

V25. Road Alignment:
- Straight/Level
- Curve/Level
- Straight/Hillcrest
- Curve/Hillcrest
- Straight/Grade
- Curve/Grade
- Bridge
- Private Drive
- Crossover
- Begin/End Divided Road
- Intersect two roads
- One-Way

V26. # Lanes:
- 2 Lane
- 4+
- Parking Lot
- 1 Lane
- 3 Lane
- Frontage/Ramp
- One Way
- Unpaved

V34. Divided? Yes No

V31. Center Turn Lane? Yes No

V28. Road Surface:
- Asphalt
- Concrete
- Dirt
- Gravel
- Other - See Narrative

V33. Towed? Yes No V34. Authority: Owner Police Other V35. Towed By: DAYS BODY SHOP

Commercial Vehicle

C1. Carrier ID Number: C2. Authority: US DOT State Mexico MC Canada

C3. Carrier Name:

C4. Carrier Address:

C5. City: C6. State: C7. Zip Code:

C8. GVWR #:

C9. Vehicle Type:
- Auto Transporter
- Bus<15
- Bus 15+
- Cargo tank
- Concrete Mixer
- Dump
- None
- Flatbed
- Garbage/refuse
- Grain/chips/gravel
- Other
- Pole/log
- Van/enclosed box

C10. Commodity Hauled:

C11. Placard ID:

C12. HAZMAT Released Yes No

1471024009

STATE OF MISSISSIPPI
UNIFORM CRASH REPORT

Agency Number: [redacted] Agency Case Number: [redacted]

Agency Name: MISSISSIPPI HIGHWAY PATROL - TROOP J

01. County: 3 3

03. State Code: C P U

02. Reported Date (MM/DD/YYYY): 0 8 / 1 0 / 2 0 0 5

04. Reported Time (2400): 1 8 0 6

Arrival Time (2400): 1 8 2 5

10-34 Time (2400): 1 8 5 5

06. Vehicles: 0 1

07. Killed: D 0

08. Injured: D 1

09. Address Number:

010. Street Name:

011. Hwy/County Road #: 4 3

012. Traffic/Trvl Direction: N ● E S W

013. Int. Y ● N

014. Distance: 5 0 0 . 0 0 ● F M

015. Direction: N ● E S W

016. Intersecting Street Name: P A R K F O R T E N B E R R Y R D .

017. Int. Hwy/County Road #:

018. City Name:

019. Latitude: N 3 1 3 6 . 6 0 7

020. Longitude: W 0 8 9 5 1 . 4 0 7

CRASH DESCRIPTION

- Rear end slow or stop
- Rear end turn
- Left turn same roadway
- Left turn cross traffic
- Right turn cross traffic
- Head on
- Sideswipe
- Angle
- Hit and run
- Overturn
- Jackknife
- Fell from vehicle
- Other
- Pedestrian
- Parked Vehicle
- Train
- Bicyclist
- Deer
- Animal (other than deer)
- Bridge/Culvert
- Embankment/Ditch/Cleft
- Guardrail/Median Barrier
- ● Tree
- Utility pole/light support
- Other fixed object
- Sign Post
- Signal standard
- Building/Other Structure
- Maint. Equip. - Not Moving
- Maint. Equip. - Moving
- Other non-fixed object

ROADWAY INFORMATION

- Roadway
- ● Off Roadway
- Median
- Roadside
- Shoulder
- Parking Lot
- Gore

- ● None
- Four-way Inter
- T - Intersection
- Crossover
- Driveway
- Five-point or more
- Off Ramp
- On Ramp
- Pull/Trail
- RR Xing
- Traffic Circle/Round
- Y - Intersection

- City Street
- ● State Highway
- U.S. Highway
- County Road
- Parking Lot/Private Drive
- Interstate
- Off Road
- State Park

ENVIRONMENT

- ● Daylight
- Dark-Lit
- Dark-Unlit
- Dawn
- Dusk

- ● Dry
- Wet
- Water
- Sand/Mud/Dirt/Oil/Gravel
- Ice
- Slush
- Snow

- ✕ Clear
- Rain
- Cloudy
- High winds
- Blown Debris
- Fog/Smog/Smoke
- Sleet/Hail
- Snow

WORK ZONE

- ● Not Workzone Related
- Within Construction Zone
- Advance Warning Area

- ✕ None
- Intermittent or Moving Work
- Lane Closure
- Lane Shift/Crossover
- Shoulder/Median Work
- Utility

WITNESS

030. First Name: M Last Name:

031. Address: 032. Phone Number:

033. City: 034. State: 035. Zip Code:

036. Sex: M F 037. Age:

038. First Name: M Last Name:

039. Address: 040. Phone Number:

041. City: 042. State: 043. Zip Code:

044. Sex: M F 045. Age:

046. Badge Number: J 1 4

047. Investigating Officer Name (Please Print): frank riley jr.

048. Officer Signature: frank riley jr.

049. Reviewing Badge Number: J 7

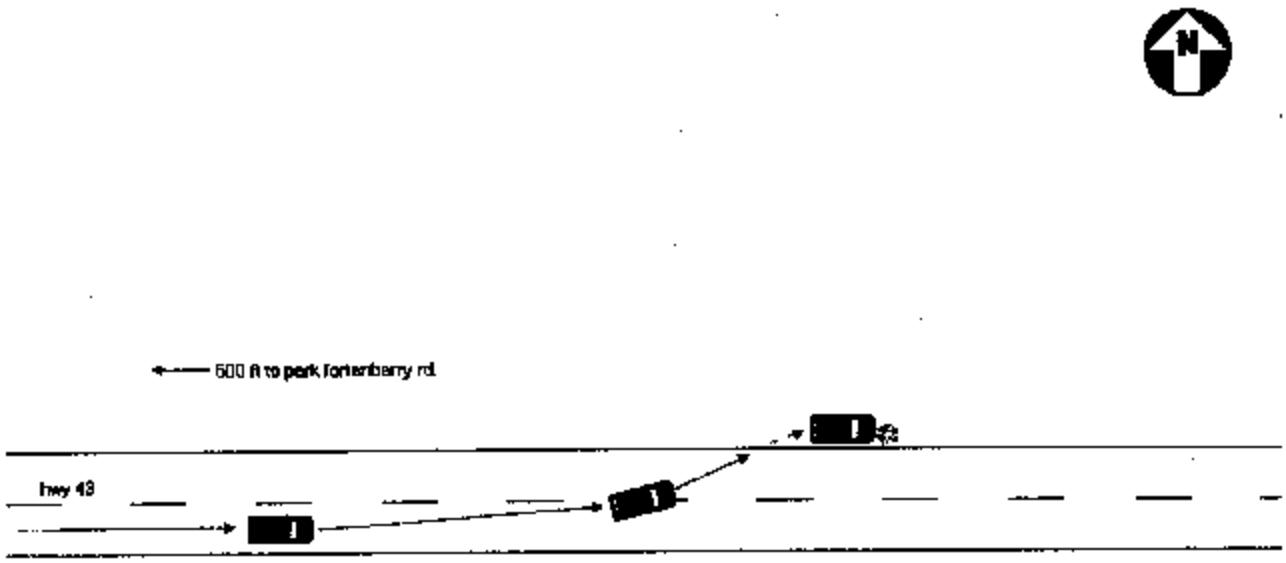
050. Reviewing Officer Initials: T S

051. Photos Taken: Y ● N

052. Photographer and Roll #:

9582406259

Narrative Diagram



Officer's Narrative

V1 WAS EB ON HWY 43. V1 WENT OFF THE ROADWAY TO THE LEFT AND STRUCK A TREE. V1 CAME TO REST AGAINST THE TREE IN THE WB DITCH OF HWY 43 FACING EAST.