



U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8303
DC METRO AREA (202) 386-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK:

FOR AGENCY USE ONLY	
Date Received	Color
12-14-05	red
Reference No.	color
10145315	white

OWNER INFORMATION (Type or Print)

STREET NO. APT. NO.
S. BARRINGTON IL.
CITY STATE
ENTER ZIP CODE

VEHICLE MAKE
LIBERTY LTD
VEHICLE MODEL
LIBERTY LTD
MANUFACTURE DATE
2002
MODEL YEAR
2002

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ Yes ☐ No

In the event of a recall, NHTSA will provide your name and address to the vehicle manufacturer.
12-6-01
DATE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1J4GL58	JEOP	LIBERTY LTD		2002
VEHICLE MANUFACTURER	☐ BMW ☐ Ford ☐ Honda ☐ Nissan ☐ Subaru ☐ Volvo ☐ Other ☒ DaimlerChrysler ☐ General Motors ☐ Hyundai ☐ Isuzu ☐ Toyota ☐ VW			
PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
6-14-01	CLIFFORD JEEP	BUFFALO GROVE	IL	60089
ENGINE SIZE	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
CD/CCU	☐ Turbo ☒ Fuel Injection	☐ Diesel ☒ Gas	☐ Manual ☒ Automatic	☒ Yes ☐ No
NO. CYLINDERS	CONSTRAINT SYSTEM		CRUISE CONTROL	
4	☒ Driver's Side Airbag ☐ 2-Point Belt ☐ Passenger's Side Airbag ☐ Motorized ☐ No		☐ Yes ☒ No	
SEATING	VEHICLE TYPE		DOORS	BODY STYLE
☐ Front ☒ 4-Wheel	☐ Car ☐ Minivan ☐ Truck ☐ Other ☐ Van ☒ Sport Utility ☐ Motorcycle		☐ 2-Door ☒ 4-Door	☒ Hatchback ☐ Sedan ☐ Pick Up Truck ☐ Station Wagon

FAILED COMPONENT(S) PART(S) INFORMATION

COMPONENT ☐ Child Seat ☐ Electrical Lights & Alarm ☐ Engine & Cooling System ☐ Equipment ☐ Fuel System, Exhaust ☐ Heater, Defrost, Ventilation ☐ Interior ☐ Parking Brake ☐ Power Train ☐ Service Brakes ☐ Steering ☐ Structure ☐ Suspension ☐ Visual Systems ☒ Other <u>WHEEL AXLE</u>	NO. OF PARTS	To report defect or failed tire provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	7-16-01	TIRE MAKE	COMPLETE TIRE SIZE
	RELEASE AT INCIDENT	TIRE BRAND	
	1002	☐ BF Goodrich ☐ Cooper ☐ Firestone ☒ Goodyear ☐ Kelly Springfield ☐ Michelin ☐ Yokohama ☐ Other	
VEHICLE SPEED AT INCIDENT	55 MPH		
FAILED PART(S)	☒ Original ☐ Replacement		
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE	NHTSA PREVIOUSLY CONTACTED?	
☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☒ No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), condition(s), and	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	☒ Yes ☐ No	1	☐ Wear/Corrosion/Rust ☐ Weak/Poor R/L/Load ☐ Cal/Tire ☐ Turnover/Pull Off	☐ Ejection/Fire ☐ Loss of Control ☐ Poor Visibility ☐ Improperly Fast

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

ON JULY 16 TH, 2001 MY DAUGHTER WAS TRAVELING SOUTH BOUND ON I-55 AT HIGGINS ROAD AND THE WHEEL OR AXLE ON THE FRONT RIGHT SIDE BROKE AND CAUSED THE CAR TO SWERVE AND ULTIMATELY ROLL OVER THREE TIMES. FORTUNATELY SHE AND HER PASSENGER WERE WEARING SEAT BELTS AND THEIR INJURIES WERE NOT LIFE THREATENING. CHRYSLER HAS REFUSED TO TAKE RESPONSIBILITY EVEN THOUGH THIS TYPE OF BREAK OF A CAST IRON AXLE DOES NOT HAPPEN EVEN IN ROLL OVER ACCIDENTS. THIS HAS TO BE TO ME BY THE TRUCKER ON THE SCENE WHO I SPOKE TO AT THE HOSPITAL AND THE TRUCKER'S DRIVER WHEN I WENT TO INSPECT THE CAR. ENCLOSED ARE PHOTOS I TOOK AT THAT INSPECTION.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974 (Public Law 93-595) 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 conducting its research. The NHTSA provides this information to assist you in making a safety decision. The NHTSA provides this information to assist you in making a safety decision. The NHTSA provides this information to assist you in making a safety decision.

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NHTSA Form 380 (Rev. 9/98)

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IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20580

Fits Pack Incorporated
we package your success

South Barrington, IL



VE OW QUESTION

DOT AUTO SAFETY

TO REPORT VEHICLE SAFETY
COMPLETE THIS FOR
OR

DASH 2 D

and dial toll free at

1-888-DASH-

1-888-327-4222

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov

Complete and return or place in your car manual for future use

ALLIANCE HISTORICAL REPORT

Abstract. The purpose of this study was to determine the effect of a 10-week, 100-hr, noncredit, intensive training program on the self-reported knowledge, skills, and attitudes of students in the program. The program was designed to prepare students for entry-level positions in the field of health care. The program was evaluated using a pretest-posttest design. The results of the study indicated that the program had a positive effect on the self-reported knowledge, skills, and attitudes of students in the program. The program was found to be effective in preparing students for entry-level positions in the field of health care.

1. The first step is to identify the problem.
 2. The second step is to define the problem.
 3. The third step is to analyze the problem.
 4. The fourth step is to develop a solution.
 5. The fifth step is to implement the solution.
 6. The sixth step is to evaluate the solution.
 7. The seventh step is to monitor the solution.
 8. The eighth step is to maintain the solution.
 9. The ninth step is to improve the solution.
 10. The tenth step is to document the solution.

8 7 6 5 4 3 2 1

REPORTED BY: **XXXXXXXXXX**
 ADDRESS: **XXXXXXXXXX**
 CITY: **XXXXXXXXXX**
 STATE: **XXXXXXXXXX**
 ZIP: **XXXXXXXXXX**
 PHONE: **XXXXXXXXXX**
 NAME: **XXXXXXXXXX**
 DATE: **XXXXXXXXXX**
 TIME: **XXXXXXXXXX**
 REPORTED BY: **XXXXXXXXXX**
 ADDRESS: **XXXXXXXXXX**
 CITY: **XXXXXXXXXX**
 STATE: **XXXXXXXXXX**
 ZIP: **XXXXXXXXXX**
 PHONE: **XXXXXXXXXX**
 NAME: **XXXXXXXXXX**
 DATE: **XXXXXXXXXX**
 TIME: **XXXXXXXXXX**

What other (current or former) vehicle impact? YES NO L. NOT RECENT L.
 Were you doing a vehicle warranty for employer in the course of your employment? If yes, check square ☐
 Are you doing a vehicle warranty for employer? YES NO L. NOT RECENT L. **25792.00**

If you tell us your full name, address, telephone, and we will be able to contact you if we need more information. We will not give your name or address to anyone else. We will not use your name or address for any other purpose. We will not use your name or address for any other purpose. We will not use your name or address for any other purpose.

01000000

[illegible]

Sgt. John Lawrence Campbell
Civilian ERN
FBI - 78-605-138
James Fitzpatrick

RECORDS DIVISION
 BUREAU OF LAND MANAGEMENT, U.S. DEPARTMENT OF THE INTERIOR
 [REDACTED]
 [REDACTED]
 [REDACTED]



1. Patients elected there to share evidence of testimony in place of a court.

2. Another graph which will show direction of travel by season.



2. **Stop calling them to silver push**
Business results



4. Short production by
5. Short culture by
6. Short utility by
7. Shortness by



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IN THE COURT OF SPECIAL JUDGES - JUDGE J. J. JONES
 COUNTY OF ALBANY, NEW YORK
 STATE OF NEW YORK
 COUNTY OF ALBANY
 JAMES J. JONES, Plaintiff
 vs.
 ALBANY COUNTY, Defendant

Complete the following work.

- [illegible]

↓ SIGN THE DECREE to the system of the bottom of the South side of the South River.

Important: This work should be
be signed to your insurance
representative. Failure to send a
signature your automobile liability
insurance.

The Safety Responsibility Law

(See Section 975 L.C.S. 97-100 through 97-215 of the
State Vehicle Code for complete station.)

to certain cash flows and owners may be required to prove financial responsibility, usually by guaranteeing existence of sufficient liability insurance.

[illegible][illegible]

THIS SPACE FOR FLEET OPERATORS ONLY

THIS OFFICE RUNS FREE
If your vehicle operated in compliance with the Federal
"Motor Carrier Act," show the Interstate Commerce
Commission exact records

Is a Form SF 25 on file with the Department of Transportation covering your vehicle?

YES NO

Has the Department of Insurance changed a condition
of insurance covering your vehicle?

DISSEMINATION (Date to release by (last file))

I was driving in the left lane of the 20th expressway when I felt a downward jolt motion to the front portion of my jeep. Then I ~~felt~~^{heard} the come off, and my car swerved to the left, right, left, right-left again. As I fought to regain control of my car, my car continued to veer right. I steered left and my car flipped over 2 times stopping only when it hit the guard rail on the edge of the expressway.















