



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

27-DEC-2005

Repository

Reference No.
10146113

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DWIGHT State IL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

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 authorized signature, NHTSA will not provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 1/3/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2MEHM75V [REDACTED] Make MERCURY Model GRAND MARQUIS Model Year 2005

Date Purchased
26-DEC-04

Dealer's Name and Telephone Number
DELONG MERCURY 915-584-3016

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner

Dealer's City
DWIGHT

State IL Zip Code 60420

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
142000 AIR BAGS:SIDE/WINDOW

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
21-DEC-2005

Failure Mileage
8000

Failure Speed
0

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: DOT1ALBABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

2

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).
See 2 Stop Sign and

BT: THE CONTACT STATED WHILE STOPPING AT AN INTERSECTION A VEHICLE STRUCK THE CONTACT'S VEHICLE ON THE SIDE. UPON IMPACT, THE CONTACT'S VEHICLE WAS KNOCKED INTO ANOTHER LANE AND WAS HIT HEAD ON BY A THIRD VEHICLE. THIS SECOND IMPACT CAUSED THE CONTACT'S VEHICLE TO TAIL SPIN AND WAS HIT IN THE REAR BY THE FIRST VEHICLE. THE FRONT AIRBAGS DEPLOYED, BUT THE SIDE AIRBAGS DID NOT. THE CONTACT WAS WEARING A SEAT BELT AT THE TIME OF THE CRASH. THERE WAS EXTENSIVE DAMAGE TO THE SIDE OF THE VEHICLE, THE OUTER COLUMN WAS PUSHED INTO THE SEAT, AND THE DASHBOARD CAME APART. THE CONTACT AND PASSENGER SUSTAINED INJURIES. THE VEHICLE WAS TOTALED BY THE INSURANCE COMPANY. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) 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)

The ^{my} passenger side was t-boned first. Then my car was hit head on by a van and then the first vehicle spun and her rear end hit me in the passenger rear side again. Both front air bags went off but the passenger side air bags did not go off.

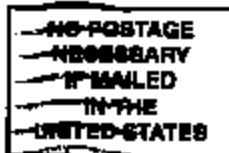
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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**

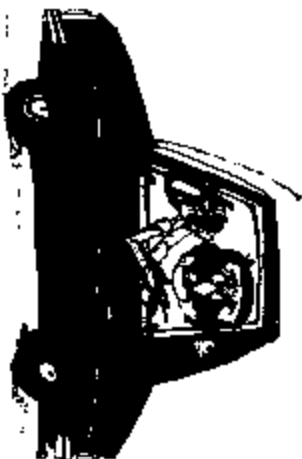
DASH2DOT

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

Must be filed by the Driver, Owner, or Police Officer. Report must be filed within 10 days of the crash. For a copy of the Police Report contact the investigating agency.

For a copy of the Police Report contact the investigating agency.

ILLINOIS MOTORIST REPORT

INVESTIGATED BY Dwight Police	POLICE	TYPE OF REPORT <input checked="" type="checkbox"/> ON-SCENE <input type="checkbox"/> NOT ON-SCENE <input type="checkbox"/> SUPPLEMENTARY	<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. AP2-12-11	*1004420*
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ADDRESS NO. (OPTIONAL)	HIGHWAY OR STREET NAME North Washington	CITY/TOWNSHIP (CIRCLE) Dwight	INTERSECTION RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CRASH 122105	TIME 7 39	LARS CODE
<input type="checkbox"/> CIRCLE <input type="checkbox"/> FT / MI N E S W	West Seminoe	COUNTY Livingston	PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER \$500 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NO. MOTOR VEHICLES INVLD 3	LARS CODE
<input checked="" type="checkbox"/> AT INTERSECTION WITH		NAME OF INTERSECTION OR ROAD FEATURE		HIT & RUN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

NAME (LAST, FIRST, M.I.) [REDACTED]	DATE OF BIRTH [REDACTED]	MAKE Dodge	MODEL Caravan	YEAR 2003	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	TOWED Y N
STREET ADDRESS [REDACTED]	CITY Dwight	STATE Illinois	ZIP [REDACTED]	PLATE NO. F 2 1	YEAR 2006	DUE TO DAMAGE <input type="checkbox"/>
CITY Dwight	STATE Illinois	ZIP [REDACTED]	INJURY [REDACTED]	EJECT [REDACTED]	VIN 1D4CP243	OTHER <input type="checkbox"/>
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]	INSURANCE CO. Unknown	FIRE <input type="checkbox"/>
TAKEN TO Morris, IL	EMS AGENCY Dwight EMS	OWNER ADDRESS (street, city, state, zip) [REDACTED]	TELEPHONE [REDACTED]	POLICY NO. Unknown	POINT OF FIRST CONTACT	

NAME (LAST, FIRST, M.I.) [REDACTED]	DATE OF BIRTH [REDACTED]	MAKE [REDACTED]	MODEL [REDACTED]	YEAR [REDACTED]	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	TOWED Y N
STREET ADDRESS [REDACTED]	CITY Dwight	STATE Illinois	ZIP [REDACTED]	PLATE NO. [REDACTED]	YEAR [REDACTED]	DUE TO DAMAGE <input type="checkbox"/>
CITY Dwight	STATE Illinois	ZIP [REDACTED]	INJURY [REDACTED]	EJECT [REDACTED]	VIN [REDACTED]	OTHER <input type="checkbox"/>
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS [REDACTED]	VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]	INSURANCE CO. Unknown	FIRE <input type="checkbox"/>
TAKEN TO [REDACTED]	EMS AGENCY [REDACTED]	OWNER ADDRESS (street, city, state, zip) [REDACTED]	TELEPHONE [REDACTED]	POLICY NO. [REDACTED]	POINT OF FIRST CONTACT	

NAME (LAST, FIRST, M.I.) [REDACTED]	DATE OF BIRTH [REDACTED]	MAKE [REDACTED]	MODEL [REDACTED]	YEAR [REDACTED]	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	TOWED Y N
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	PLATE NO. [REDACTED]	YEAR [REDACTED]	DUE TO DAMAGE <input type="checkbox"/>
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	INJURY [REDACTED]	EJECT [REDACTED]	VIN [REDACTED]	OTHER <input type="checkbox"/>
TELEPHONE [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE [REDACTED]	CLASS [REDACTED]	VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]	INSURANCE CO. [REDACTED]	FIRE <input type="checkbox"/>
TAKEN TO [REDACTED]	EMS AGENCY [REDACTED]	OWNER ADDRESS (street, city, state, zip) [REDACTED]	TELEPHONE [REDACTED]	POLICY NO. [REDACTED]	POINT OF FIRST CONTACT	

Was driver (owner) of other vehicle insured? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT KNOWN <input type="checkbox"/>	Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square. <input type="checkbox"/>	DID POLICE OFFICER INVESTIGATE ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	APPROXIMATE COST TO REPAIR YOUR VEHICLE \$
NAME	UNIT	AGE	SEX
NAME	ADDRESS		
DESCRIBE INJURIES			
NAME	ADDRESS		
DESCRIBE INJURIES			
NAME	ADDRESS		
DESCRIBE INJURIES			
DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES	APPROXIMATE COST TO REPAIR	PROPERTY OWNER'S NAME	
		PROPERTY OWNER'S ADDRESS	
NAME	ADDRESS	DATE	

YOUR INSURANCE

If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.

Were you covered by a liability insurance policy at the time of the crash? YES NO

Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others.

Name and address of representative who sold policy.

Policy Number

Policy Period

From: _____ To: _____

Name of Policy Holder



M0198

Printed by authority of the State of Illinois

SR 1A 2004M (REV. 1/99) IL 484-0015

Signature of person making report

COMPLETETHISFORMWITHBLACKINK

Printed by authority of the State of Illinois

Use black ink

ILLINOIS MOTORIST REPORT

For a copy of the Police Report contact the investigating agency.



INVESTIGATING AGENCY Dwight Police	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE AMENDED	<input type="checkbox"/> A No Injury / Date Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. 405-12-11
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ADDRESS NO. (OPTIONAL)	HIGHWAY or STREET NAME North Washington	CITY/TOWNSHIP (Circle One) Dwight	INTERSECTION RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CRASH 12/21/05	TIME 7:49 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LARS CODE
(CIRCLE) FT / MI N E S W <input type="checkbox"/> _____ <input checked="" type="checkbox"/> _____	COUNTY West Seminole	COUNTY Livingston	PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ANY SINGLE VEHICLE PROPERTY DAMAGED OVER \$500 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER MOTOR VEHICLES INVOLVED 3	LARS CODE
AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)		HT & RUM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

NAME [REDACTED]	DATE OF BIRTH [REDACTED]	MAKE Ford	MODEL Taurus	YEAR 2001	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N
STREET [REDACTED]	SEX F	PLATE NO. [REDACTED]	STATE Illinois	YEAR 2005			HAZMAT SPILL <input type="checkbox"/> Y <input type="checkbox"/> N
CITY Dwight	ILLINOIS	INJURY 0	EJECT 1	VIN 1FAPP56S21G	INSURANCE CO. State Farm		
TELEPHONE [REDACTED]	STATE IL	CLASS D	OWNER ADDRESS STREET CITY STATE ZIP [REDACTED] Dwight, IL		TELEPHONE	POLICY NO.	

NAME [REDACTED]	DATE OF BIRTH [REDACTED]	MAKE Mercury	MODEL Grand Marquis	YEAR 2005	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N
STREET [REDACTED]	SEX F	PLATE NO. [REDACTED]	STATE Illinois	YEAR 2006			HAZMAT SPILL <input type="checkbox"/> Y <input type="checkbox"/> N
CITY Dwight	ILLINOIS	INJURY 3	EJECT 1	VIN 2MERH7SW1	INSURANCE CO. West Bend Mutual		
TELEPHONE [REDACTED]	STATE IL	CLASS D	OWNER ADDRESS STREET CITY STATE ZIP 213 West Waupensie Dwight, IL 60420		TELEPHONE	POLICY NO.	

Was driver (owner) of other vehicle insured? YES NO NOT KNOWN
 Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square.
 DID POLICE OFFICER INVESTIGATE ACCIDENT? YES NO APPROXIMATE COST TO REPAIR YOUR VEHICLE \$ _____

NAME [REDACTED]	UNIT 2	AGE [REDACTED]	SEX F	ADDRESS Dwight, IL
DESCRIBE INJURIES head laceration, Rt leg injured numerous bruises				
NAME Anna Monanville	UNIT 2	AGE 14	SEX F	ADDRESS 213 W. Waupensie Dwight, IL
DESCRIBE INJURIES head cuts, elbow + hip and leg bruised				

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES clothing, CDs, purse, winter coats	APPROXIMATE COST TO REPAIR	PROPERTY OWNERS NAME
		PROPERTY OWNERS ADDRESS
DATE 12-26-05	Name of Policy Holder [REDACTED]	

YOUR INSURANCE
 If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.
 Were you covered by a liability insurance policy at the time of the crash? YES NO
 Full name of your insurance company (not agency) which issued policy to cover liability for damage or injury to others:
West Bend Mutual
1900 South 18th Ave
West Bend Wisconsin 53095
 Name and address of representative who sold policy:
Streator Insurance Center
511 E. Main St. P.O. Box 580
Streator IL 61364
 Policy Number
 FROM: **7-25-05** TO: **7-25-06**
 Name of Policy Holder
 [REDACTED]



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SP-1 (FORM PREPARED 10/04)

Do not write in these spaces. If you must, use a pencil and write lightly. Do not use correction fluid or white-out. Do not use a ballpoint pen. Do not use a felt tip pen. Do not use a permanent marker. Do not use a sharp object to scratch or mark the report.



INDICATE NORTH BY ARROW

DIAGRAM WHAT HAPPENED INSTRUCTIONS

1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.



3. Show utility poles by:
4. Show pedestrian by:
5. Show railroad by:
6. Show utility poles by:
7. Show motorcycle by:

PRINT OR TYPE ALL INFORMATION ON THIS FORM

YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.

PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A \$500 FINE AND A 30-DAY SENTENCE.

The Safety Responsibility Law

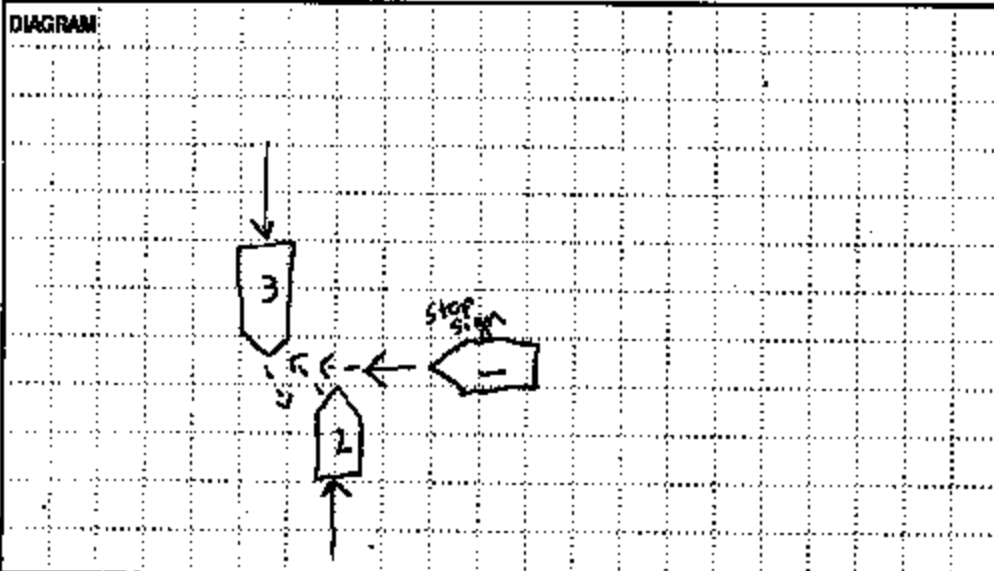
For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-210 of the Illinois Vehicle Code for complete statute.)

In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When any person sustains property damage in excess of \$500 or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of the potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault. If the driver was clearly not at fault, the file will be closed; otherwise a Notice of Suspension will be mailed. The notice of Suspension outlines the Methods of Compliance with the Illinois Safety Responsibility Law; it also advises the uninsured motorist of the right within 15 days of the Notice of Suspension to request a hearing. If a request for hearing is not received, the suspension becomes effective 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility of legal fault, the uninsured motorist has the following options: 1. Deposit security; 2. Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants named on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her driver's license (if driver) and vehicle registration privileges (if owner) would be suspended. (None of the above affects any person's right to sue to recover damages.) (Security deposits, releases, or installment agreements are to be submitted to the Secretary of State.)



LEGAL REQUIREMENTS
The driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of \$500 must complete this report within 10 days after the crash.
If the driver is physically incapable of completing the report, the owner or another occupant of the vehicle should do so.

INSTRUCTIONS

OBSERVE THE FOLLOWING RULES:

1. PRINT ALL NAMES AND ADDRESSES.
2. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."
3. The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information; otherwise, give your own careful estimate.
4. Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.
5. SIGN THE REPORT in the space at the bottom of the front side of this report form.

Important - This crash should also be reported to your insurance representative. Failure to report may jeopardize your automobile liability insurance.

NARRATIVE (Refer to vehicle by Unit No.)

I was driving south thru intersection and car 1
 saw stop sign and hit me on passenger side door.
 This pushed me into north bound lane where I
 was hit by a van in front drivers end then car
 1 spun and hit me in the rear passenger side again.

THIS SPACE FOR FLEET OPERATORS ONLY

If your vehicle operated in compliance with the Federal "Motor Carrier's Act," show the Interstate Commerce Commission docket number.

Has the Department of Insurance issued a certificate of self-insurance covering your vehicle?

YES NO

75258281010 FCN4810 UPON 008
CAROL STREAM P&DC L
FCN FLT SMOO ZONES BC
Carol Stream P & DC

60100



MON

BIN098