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	Repository
29-DEC-2006	Reference No. 10148396

2006 APR 20 AM 8:19

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City LONG MONT	State CO	Zip Cod

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 _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KNAFB1214	KIA	SPECTRA	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
30-OCT-05	Purchased from private party			No. Cylinders 4	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	Powertrain FRONT WHEEL DRIVE	140000 AIR BAGS
			Multiple Failure: 1

FAILED COMPONENT(S) /PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-DEC-2005	15000	40	air bags did not 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: DOTMALSABC035)	☐ 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	0	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).

DT: THE CONTACT'S DAUGHTER WAS DRIVING AT 40 MPH AND SHE RAN A STOP SIGN. THE CONTACT'S HIT ANOTHER VEHICLE HEAD ON. UPON IMPACT, THE AIR BAGS DID NOT DEPLOY. SEAT BELTS WERE IN USE. THE VEHICLE WAS TOTALED. THE MANUFACTURER WAS CONTACTED. *AK

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

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

☐ AMENDED/SUPPLEMENTAL REPORT ☐ UNDER $1,000 ACCIDENT

DR 447 (REV 6/01)

MAIL TO: State of Colorado
Motor Vehicle Business Group
Traffic Records
Denver, CO 80261-0016

SHEET 1 OF 1 SHEETS

AGENCY CODE [redacted]

DATE OF ACCIDENT	CITY	AGENCY	COUNTY
122305	Longmont	Longmont PD	Boulder

TIME	OFFICER NUMBER	OFFICER NAME	SIGNATURE	BADGE
1320	0504	Kahler	DKahler	P605

NUMBER KILLED	NUMBER INJURED	LOCATION ROUTE, STREET, ROAD	MILES FEET ☐ N ☐ E ☐ S ☐ W	OF:
0	1	5th Ave		Terry St.

DATE OF REPORT	INVESTIGATED @ SCENE	TOTAL VEHICLES	DISTRICT NUMBER	PUBLIC PROPERTY DAMAGE	PHOTOS TAKEN	RAILROAD CROSSING	CONST. ZONE	SCHOOL ZONE	INCOMPLETE REPORT
122305	Yes	2	6C	No	No	No	No	No	No

VEHICLE 1

VEHICLE ☐ BICYCLE # ☐ PEDESTRIAN # ☐ PARKED ☐

LAST NAME [redacted] FIRST [redacted] MI [redacted]

STREET ADDRESS [redacted] RES. PHONE [redacted]

CITY Longmont STATE Co ZIP [redacted] BUS. PHONE ( )

DRIVER'S LICENSE NUMBER [redacted] STATE [redacted] SEX F DOB [redacted]

PRIMARY VIOLATION Stop Sign

VIOLATION CODE	CITATION NUMBER	COMMON CODE
703(3)	960159	373

YEAR	MAKE	MODEL	BODY TYPE
2004	Kia		4D

LIC. PLATE [redacted] STATE Co COLOR Gry

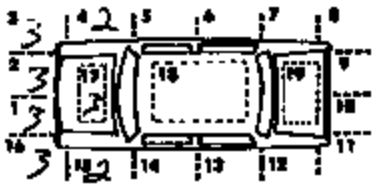
VEHICLE ID NO. KNAFB121145 [redacted]

VEHICLE OWNER LAST NAME [redacted] FIRST [redacted] MI [redacted]

ADDRESS [redacted] CITY STATE ZIP

TOWED DUE TO DAMAGE ☐ BY/TO: Hamilton

1 - SLIGHT
2 - MODERATE
3 - EXTREME



☐ 20 UNDERCARRIAGE

INSURANCE CO. American Family Ins. EXP. DATE 060106

POLICY NO. [redacted]

OWNER DAMAGED PROP. LAST NAME FIRST MI

ADDRESS CITY STATE ZIP

VEHICLE 2

VEHICLE ☐ BICYCLE # ☐ PEDESTRIAN # ☐ PARKED ☐

LAST NAME [redacted] FIRST [redacted] MI [redacted]

STREET ADDRESS [redacted] RES. PHONE [redacted]

CITY Eaton STATE Co ZIP [redacted] BUS. PHONE ( )

DRIVER'S LIC. NUMBER [redacted] STATE [redacted] SEX M DOB [redacted]

PRIMARY VIOLATION

VIOLATION CODE	CITATION NUMBER	COMMON CODE

YEAR	MAKE	MODEL	BODY TYPE
2004	Toy	Corolla	4D

LIC. PLATE [redacted] STATE Co COLOR Silver

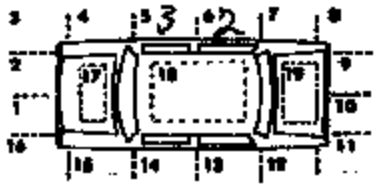
VEHICLE ID NO. JTNKBR32E44228 [redacted]

VEHICLE OWNER LAST NAME [redacted] FIRST [redacted] MI [redacted]

ADDRESS [redacted] CITY STATE ZIP

TOWED DUE TO DAMAGE ☐ BY/TO:

1 - SLIGHT
2 - MODERATE
3 - EXTREME



☐ 20 UNDERCARRIAGE

INSURANCE CO. Safeco Ins. Co of America EXP. DATE 030106

POLICY NO. 4715 1020

OWNER DAMAGED PROP. LAST NAME FIRST MI

ADDRESS CITY STATE ZIP

VEH#	POS.	RESTR.	EJECT.	SAFETY PROT.	INJ. SEV.	AGE	SEX	NAME/ADDRESS
1	1	1	2		1	[redacted]	f	Driver1
1	3	1	2		1	[redacted]	f	[redacted] Niwot Co
2	1	1	2		2	[redacted]	m	Driver2

DESCRIBE ACCIDENT

Vehicle 1 ([redacted]) was SB on Terry St. approaching the stop sign at 5th Ave Vehicle 2 (Toscano) was EB on 5th Ave approaching Terry St. Veh 1 did not stop at the stop sign. Veh. 1 entered the intersection and collided with the passenger side front & rear doors of veh. 2. Both vehicles remained on scene.

Diagram not to Scale
All measurements Approximate

POI
10' S of NCL. 5th Ave
17' E of WCL Terry St