



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
2006 FEB 24 AM 9:40
09-JAN-2006

Repository
Reference No.
10147306

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DECATUR State GA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize [REDACTED] or address to the vehicle manufacturer? YES NO
Signature of Owner [REDACTED] Date 2/13/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1P3EJ46X0X [REDACTED] Make PLYMOUTH Model [REDACTED] Model Year 2006

Date Purchased 24-JUN-03 Dealer's Name GSA AUCTION Engine: No. Cylinders 4 Fuel Type: Gas

Original Owner Dealer's City CHATTANOGA State TN Zip Code [REDACTED]

Transmission Type AUTOMATIC Anti-lock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-SEP-2006 Failure Mileage [REDACTED] Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM18ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the accident, failure, crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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).

DT: THE CONTACT'S DAUGHTER TOOK VEHICLE TO AN INDEPENDENT REPAIR SHOP BECAUSE THE VEHICLE WAS LEAKING FLUID FROM THE ENGINE. THE REPAIR SHOP PERSONNEL TOLD HER IT WOULD BE AWHILE BEFORE THEY COULD GET TO HER VEHICLE. SHE NEEDED TO LEAVE, AND THEY TOLD HER IT WOULD BE SAFE TO DRIVE THE VEHICLE HOME. THE VEHICLE WAS DRIVEN HOME AND PARKED. THEN, SOMEONE NOTICED SMOKE COMING FROM UNDER THE HOOD OF THE VEHICLE. SHE WENT OUTSIDE AND DISCOVERED THE VEHICLE WAS ON FIRE. THE FIRE DEPARTMENT WAS CONTACTED TO EXTINGUISH THE FIRE. THE VEHICLE WAS TOTALED. *AK

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

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.

AGENCY ID (ON)

CLAYTON COUNTY POLICE INCIDENT REPORT

CASE NUMBER

[REDACTED]

SA

[REDACTED]

REPORT OF FAMILY VIOLENCE

CORRECTED REPORT

INCIDENT TYPE # 082905 HARBORING HAZARDOUS PORTER YES NO

INCIDENT CODE

COUNTS

FIGURE TYPE

FIRE INVESTIGATION

00-0356

1

HIGHWAY	VERMIL STATION
CONVENIENCE STORE	BANK
COMMERCIAL	<input checked="" type="checkbox"/> RESIDENCE
SCHOOL/CAMPUS	ALL OTHER

CITY MORROW, GA ZIP CODE [REDACTED]

INCIDENT DATE 082905 TIME 1130 TO [REDACTED] DATE [REDACTED] TIME [REDACTED]

STRANGER TO STRANGER

ZONE 23

NUMBER OF WEAPONS AND TYPE	
GUN	IMPACTING TOOL
NON-FIREARMS	OTHER

RACE R SEX F AGE 21 [REDACTED]

STREET ADDRESS [REDACTED] MEDICAL NUMBER [REDACTED] NUMBER IN HOME [REDACTED]

CITY MORROW STATE GA COUNTY [REDACTED] EMPLOYER OR OCCUPATION [REDACTED]

PRIMARY [REDACTED] HEIGHT [REDACTED] WEIGHT [REDACTED] HAIR [REDACTED] EYES [REDACTED]

STREET ADDRESS [REDACTED] LICENSE OR I.D. # / STATE [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

WARRANT ARREST

COUNTS OFFENSE CODE OFFENSE OR STATUTE JURISDICTION

TOTAL NUMBER ARRESTED [REDACTED] ARRESTED AT OR NEAR OFFENSE SCENE YES NO OFFENSE DATE [REDACTED]

ABANDONED [REDACTED] STATE GA YEAR 05 VEHICLE IDENTIFICATION NUMBER [REDACTED] PLATE [REDACTED] VIN PLATE ONLY [REDACTED]

RECOVERED [REDACTED] MAKE Plymouth MODEL ROSEBUD YEAR 99 COLOR PURPLE

VEHICLE MOTOR VEHICLE CLERGY, NURSE, ETC. [REDACTED] JEWELRY, FIRE ARMS, ETC. [REDACTED] RIBB [REDACTED]

LEAST ARTICLE 4 TRANSMISSION AUTO MAN RELIEVED BY VAC

STOLEN [REDACTED] RECOVERED [REDACTED] DATE OF THEFT [REDACTED]

STOLEN [REDACTED] RECOVERED [REDACTED] DATE OF THEFT [REDACTED]

STOLEN [REDACTED] RECOVERED [REDACTED] DATE OF THEFT [REDACTED]

DOC BATTERY WARRANT MISSING PERSONS VEHICLE ARTICLE BOAT GUN SECURITIES

REQUIRED DATA FIELDS CLEARED BY ARREST EXCEPTIONALLY CLEARED DEPT. CLEARED UNFOUNDED 082905

FOR CLEARANCE REPORT DATE OF CLEARANCE [REDACTED] ADULT JUVENILE REPORT DATE

FAMILY VIOLENCE SECTION

- WERE CHILDREN INVOLVED? YES NO
- WAS ACT COMMITTED WITH CHILDREN PRESENT? YES NO
- NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: 0 1-5 6-10 MORE THAN 10 UNKNOWN
- EXISTENCE OF PRIOR COURT ORDERS: YES NO UNKNOWN
- WAS VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? YES NO
- TYPE AND EXTENT OF ALLEGED ABUSE BY THE PRIMARY AGGRESSOR:
 - 1-FATAL INJURY 2-PERMANENT PHYSIC DISABILITY
 - 3-TEMPORARY DISABILITY 4-BROKEN BONES 5-GUNWOUND WOUNDS 6-SUPERFICIAL INJURIES 7-PROPERTY DAMAGE/THEFT
 - 8-THREATS 9-ABUSIVE LANGUAGE 10-SEXUAL ABUSE 11-OTHER
- POLICE ACTION TAKEN:
 - 1-ARREST 2-CITATION 3-SEPARATION 4-MEDIATION 5-OTHER 6-NONE
 - IF NO ARREST MADE, WHY NOT?
 - 1-JUVENILE 2-PRIMARY AGGRESSOR WAS NOT AT THE SCENE 3-INSUFFICIENT PROBABLE CAUSE
 - 4-OTHER REASONS: [REDACTED]
- HOW WAS PRIMARY AGGRESSOR IDENTIFIED?
 - 1-PHYSICAL EVIDENCE 2-TESTIMONIAL EVIDENCE 3-OTHER
- DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? YES NO
- IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(A):
 - 1-COCAINE 2-ALCOHOL 3-OTHER 4-ALCOHOL
- RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S):
 - 1-PRESENT SPOUSE 2-FORMER SPOUSE 3-NEIGHBOR 4-CHILD
 - 5-STEPARENT 6-STEP-CHILD 7-FOSTER PARENT 8-FOSTER

REPORTING OFFICER CLAYTON, C NUMBER 5553 [REDACTED] NUMBER 11



SUPPLEMENTAL REPORT

ORIGINAL REPORT

SUPPLEMENTAL REPORT

PAGE 2 OF 2

THE VICTIM PARKED HER VEHICLE AT HER RESIDENCE,
WHEN SHE CAME BACK OUTSIDE IT WAS ON FIRE
SHE HAS BEEN HAVING MECHANICAL PROBLEMS WITH
HER VEHICLE.

CASE STATUS:

ACTIVE

CLEARED BY ARREST

EX. CLEARED

UNPROCESSED

02125163

REPORTING OFFICER

NUMBER

APPROVING OFFICER

NUMBER

HELFON, K

15553

[Signature]

111

WHITE/RECORDS

CANARY/COMPUTER

PRN/C.I.D.

GOLDENROD/CLEARANCE REPORT