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 MAR -7 AM ; 31-JAN-2006

Repository ☐

Reference No. 10149152

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City BERKLEY State CA 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 [redacted] *your name or address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 2/22/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
5Y2SL6283[redacted]	PONTIAC Your REG - Vibe	VIBE	~~2006~~ 2003

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
15-JUN-03	ENTERPRIZE 510 -	No: Cylinders 4	Gas

Original Owner	Dealer's City	State	Zip Code		
☐	SAN LARZANO ENTERPRISE CARS & Car	CA	94578		SUP

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
30-DEC-2005	87000	5

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make GENERAL | Tire Model (Name or Number) | Tire Size (Example P215/65R15)

DOT No. (Example: DOTMAL9ABC036) | ☐ Original Equipment ☐ Prior Repair no | 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

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 STATED WHILE DRIVING 3 TO 5 MPH THE VEHICLE WAS HIT HEAD ON, NEITHER FRONTAL AIRBAGS DEPLOYED. THERE WAS PRE BRAKING PRIOR TO THE IMPACT. THE SEAT BELTS WERE BEING WORN; HOWEVER THE SEAT BELT DID NOT HOLD THE DRIVER. INJURIES WERE SUSTAINED TO THE HEAD AND BACK. A POLICE REPORT WAS FILED AT THE SCENE. THE VEHICLE HAS BEEN INSPECTED BY THE PONTIAC DEALERSHIP. Also the Dealership said there was nothing wrong with air bag. if nothing wrong with the bag. Tell me why, why they didn't deploy? ~~[illegible]~~ my family could have been kill.

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 to make a right turn when I noticed a car down the street in front of me spinning around in circles. ~~After~~ th I was about midway into my right turn I stayed that way because the was starting to come towards me really fast I thought I had left enough room for him to pass by. He was going so fast he was fishtailing and he lost control and ended up on my side of the ~~street striking~~ Head-on.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

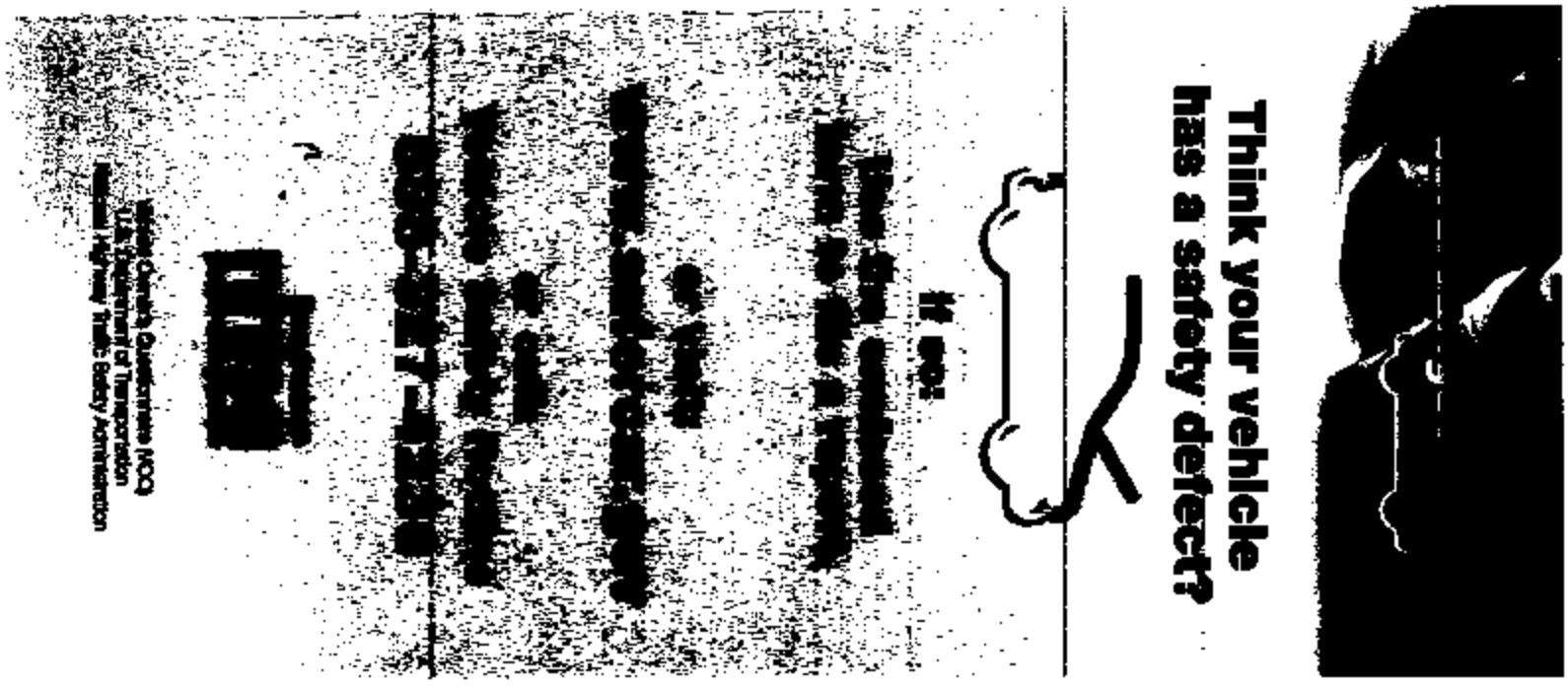
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 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-210
400 7th Street, SW
Washington, DC 20590



STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

CHP 556 Page 1 (Rev. 7-03) OPI 061

FILE COPY

REC.

SPECIAL CONDITIONS: | NUMBER KILLED: 0 | NUMBER INJURED: 0 | HIT & RUN FELONY: ☐ | HIT & RUN MISDEMEANOR: ■

CITY: OAKLAND | JUDICIAL DISTRICT | LOCAL REPORT NUMBER: 010066 [redacted]

COUNTY: ALAMEDA | REPORTING DISTRICT: 1 | BEAT: 5X

LOCATION

COLLISION OCCURRED ON: BRUSH ST | MO. DAY YEAR: 12.30.05 | TIME (2400): 1630 | HEIC #: 0109 | OFFICER I.D.: 8345P

MILEPOST INFORMATION: FEET/MILES OF | DAY OF WEEK: S M T W T F S | TOW AWAY: ☐ YES ■ NO | PHOTOGRAPHS BY: ☒ NONE

☒ AT INTERSECTION WITH: 22ND ST | ☐ DIR: FEET/MILES OF | STATE HWY REL: ☐ YES ■ NO

PARTY 1 — DRIVER

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS

CITY/STATE/ZIP

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
M					19-2	B

HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER | POLICY NUMBER

DIR OF TRAVEL: E/B | ON STREET OR HIGHWAY: E 22ND ST | SPEED LIMIT: 25

VEH. YEAR | MAKE/MODEL/COLOR: 87-90's PLYM 4D GRY | LICENSE NUMBER | STATE

☐ SAME AS DRIVER

OWNER'S ADDRESS ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER — FLOO

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ■ MOD. ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ DOT ____ CAL-T ____ TCP/PSC ____ NCIC/K ____

PARTY 2 — DRIVER

DRIVER'S LICENSE NUMBER [redacted] | STATE: CA | CLASS: C | AIR BAG | SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST) [redacted]

STREET ADDRESS [redacted]

CITY/STATE/ZIP: OAKLAND CA [redacted]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
F	BLK	BRO	5-6	180	[redacted]	B

HOME PHONE [redacted] | BUSINESS PHONE

INSURANCE CARRIER: AAA | POLICY NUMBER [redacted]

DIR OF TRAVEL: S/B | ON STREET OR HIGHWAY: BRUSH | SPEED LIMIT: 25 MPH

VEH. YEAR: 2003 | MAKE/MODEL/COLOR: PONT VIB 4DR SIL | LICENSE NUMBER [redacted] | STATE: CA

OWNER'S NAME ☐ SAME AS DRIVER [redacted]

OWNER'S ADDRESS ☐ SAME AS DRIVER [redacted] BURKEley

DISPOSITION OF VEHICLE ON ORDERS OF: [redacted] OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: [redacted] NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ■ MOD. ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ DOT ____ CAL-T ____ TCP/PSC ____ NCIC/K ____

PARTY 3 — DRIVER

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST)

STREET ADDRESS

CITY/STATE/ZIP

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE

HOME PHONE | BUSINESS PHONE

INSURANCE CARRIER | POLICY NUMBER

DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

VEH. YEAR | MAKE/MODEL/COLOR | LICENSE NUMBER | STATE

☐ SAME AS DRIVER

OWNER'S ADDRESS ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

CA ____ DOT ____ CAL-T ____ TCP/PSC ____ NCIC/K ____

PREPARER'S NAME: R. GILL | DISPATCH NOTIFIED: ■ YES ☐ NO ☐ N/A | REVIEWER'S NAME: 7884 | DATE REVIEWED: 1-5-06

0656 703.frp

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

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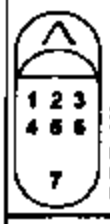
DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
10-30-05	1536	0109	8345	010066 [redacted]

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	TOWED
		☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION



1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

SAFETY EQUIPMENT

OCCUPANTS
A - NONE IN VEHICLE
B - UNKNOWN
C - LAP BELT USED
D - LAP BELT NOT USED
E - SHOULDER HARNESS USED
F - SHOULDER HARNESS NOT USED
G - LAP/SHOULDER HARNESS USED
H - LAP/SHOULDER HARNESS NOT USED
J - PASSIVE RESTRAINT USED
K - PASSIVE RESTRAINT NOT USED
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

CHILD RESTRAINT
Q - IN VEHICLE USED
R - IN VEHICLE NOT USED
S - IN VEHICLE USE UNKNOWN
T - IN VEHICLE IMPROPER USE
U - NONE IN VEHICLE

M/C BICYCLE HELMET
DRIVER: V - NO, W - YES
PASSENGER: X - NO, Y - YES

EJECTED FROM VEHICLE
0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

INATTENTION CODES

A - CELLPHONE HANDHELD
B - CELLPHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONAL HYGIENE
J - READING
K - OTHER

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT

1
- A VC SECTION VIOLATED: 22450 VC — CITED: ☐ YES ☐ NO
- B OTHER IMPROPER DRIVING*:
- C OTHER THAN DRIVER*
- D UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)
- A CLEAR
- B CLOUDY
- X C RAINING
- D SNOWING
- E FOG / VISIBILITY FT.
- F OTHER*:
- G WIND

LIGHTING
- X A DAYLIGHT
- B DUSK - DAWN
- C DARK - STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE
- A DRY
- X B WET
- C SNOWY - ICY
- D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)
- A HOLES, DEEP RUT*
- B LOOSE MATERIAL ON ROADWAY*
- C OBSTRUCTION ON ROADWAY*
- D CONSTRUCTION - REPAIR ZONE
- E REDUCED ROADWAY WIDTH
- F FLOODED*
- G OTHER*:
- X H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES
- X A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
- X A HEAD - ON
- B SIDE SWIPE
- C REAR END
- D BROADSIDE
- E HIT OBJECT
- F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH
- A NON - COLLISION
- B PEDESTRIAN
- X C OTHER MOTOR VEHICLE
- D MOTOR VEHICLE ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- I FIXED OBJECT:
- J OTHER OBJECT:

PEDESTRIAN'S ACTIONS
- X A NO PEDESTRIAN INVOLVED
- B CROSSING IN CROSSWALK - AT INTERSECTION
- C CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D CROSSING - NOT IN CROSSWALK
- E IN ROAD - INCLUDES SHOULDER
- F NOT IN ROAD
- G APPROACHING / LEAVING SCHOOL BUS

	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE			
C CELL PHONE HANDSFREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75 FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

	1	2	3
X A VC SECTION VIOLATION: 23103 VC — CITED: ☐ YES ☐ NO	X		
B VC SECTION VIOLATION: — CITED: ☐ YES ☐ NO			
C VC SECTION VIOLATION: — CITED: ☐ YES ☐ NO			
D			
E VISION OBSCUREMENT:			
F INATTENTION*:			
G STOP & GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD			
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO			
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT		X	
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
A STOPPED			
B PROCEEDING STRAIGHT			
C RAN OFF ROAD			
D MAKING RIGHT TURN	X		
E MAKING LEFT TURN		X	
F MAKING U TURN			
G BACKING			
H SLOWING / STOPPING			
I PASSING OTHER VEHICLE			
J CHANGING LANES			
K PARKING MANEUVER			
L ENTERING TRAFFIC			
M OTHER UNSAFE TURNING			
N XING INTO OPPOSING LANE			
O PARKED			
P MERGING			
Q TRAVELING WRONG WAY			
R OTHER*:			

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

	1	2	3
A HAD NOT BEEN DRINKING		X	
B HBD - UNDER INFLUENCE			
C HBD - NOT UNDER INFLUENCE*			
D HBD - IMPAIRMENT UNKNOWN*			
E UNDER DRUG INFLUENCE*			
F IMPAIRMENT - PHYSICAL*			
G IMPAIRMENT NOT KNOWN	X		
H NOT APPLICABLE			
I SLEEPY / FATIGUED*			

SKETCH

V-1 WAS E/B 22ND ST APPROACHING BRUSH ATTEMPTING TO MAKE W/B TURN ONTO BRUSH ST. V-1 FAILED TO YIELD AT THE STOP SIGN CONTROLLING TRAFFIC FLOW ONTO BRUSH ST AT 22ND ST. V-1 COLLIDED WITH V-2, CAUSING MODERATE FRONT END DAMAGE TO V-2.

V-1 FLED THE AREA, AND THE DRIVER IS NOT IDENTIFIED.

MISCELLANEOUS

ST. V-2 WAS S/B BRUSH

STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS
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FILE COPY

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
12-30-05	1530	0109	8345P	[redacted]

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☒ # 1	☒		M	☐	☐	☐	☐	☐	☒	☐	☐	☐	2	3	M	G	0

NAME / D.O.B. / ADDRESS [redacted] TELEPHONE [redacted]

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS TELEPHONE

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☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS TELEPHONE

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☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS TELEPHONE

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☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
R Gill	8345P	12 30 05	7804	1-5-06

STATE OF CALIFORNIA

FACTUAL DIAGRAM

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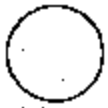
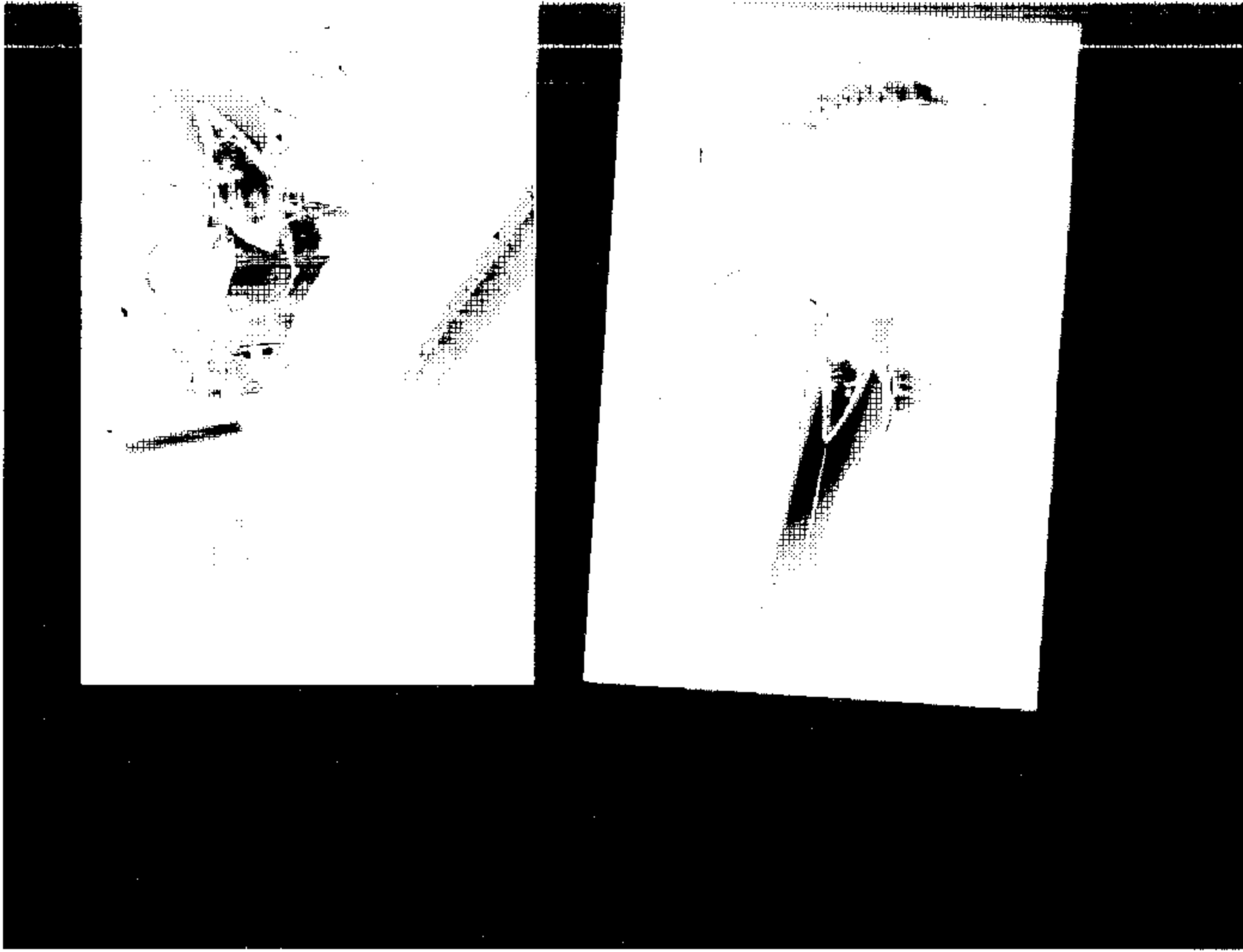
DATE OF COLLISION (MO. DAY YEAR)	TIME (HHR)	NCIC #	OFFICER I.D.	NUMBER

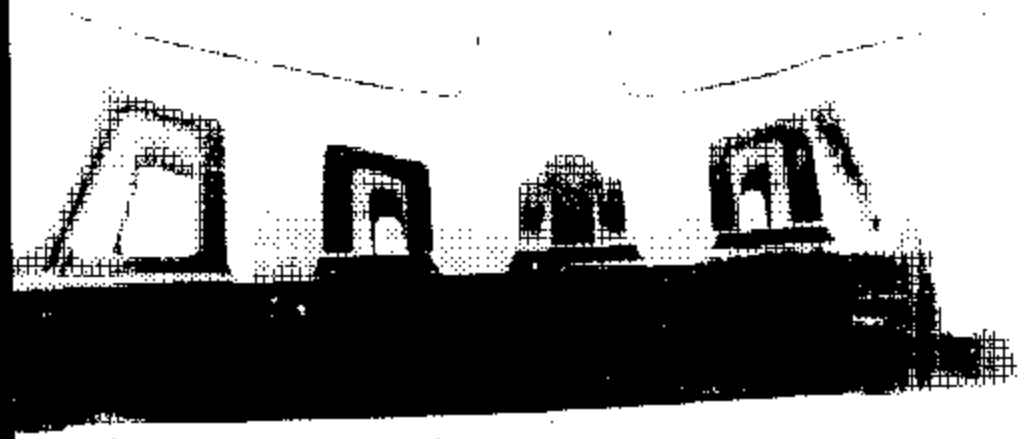
ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)



INDICATE NORTH

PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR





THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).