



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

10-MAR-2006

Reference No.
10152406

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CLINTON State KY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Same

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, you must provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3/17/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
YV1FA8843L2 [REDACTED] Make VOLVO Model 740 Model Year 1990
Date Purchased 01-JUL-05 Dealer's Name and Telephone Number WILSON'S AUTO Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City FULTON State KY Zip Code 42041
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 140000 AIR BAGS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-MAR-2006 Failure Mileage 100000 Failure Speed 45
DOA: 1-18-06 Airbags failed to come out

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4L9ABC036) Original Equipment Prior Repair Failure Location:
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 incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths 0 Reported to Police Y

Narrative Description of Incident(S), Crash(es), and Injury(ies). Airbags failed to come out DOA: 1-18-06
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 TRAVELING OVER A HILL AT 45 MPH, A DEER ENTERED THE PATH OF THE VEHICLE. THE BRAKES WERE APPLIED, BUT THE VEHICLE STRUCK THE DEER. THE VEHICLE WENT OFF THE ROAD AND DOWN AN EMBANKMENT STRIKING TREES. THE FRONT END WAS DAMAGED IN THE COLLISION. THE CONTACT WAS WEARING A SEATBELT, BUT SUSTAINED MINOR INJURIES. THERE WAS A POLICE REPORT TAKEN AT THE SCENE. THE VEHICLE WAS TOWED TO THE CONTACT'S RESIDENCE. THE MANUFACTURER SENT A TECHNICIAN WHO DETERMINED, BASED ON THE SPEED AND ANGLE THE VEHICLE MADE CONTACT, THE AIRBAGS SHOULD NOT DEPLOY. THERE HAVE BEEN NO REPAIRS TO THE VEHICLE.

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 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)

As a result of the airbags not opening, I injured my chest, left leg, back, pulled/knocked shoulder out of pocket, hurt neck, left arm, etc. I owe a lot of medical bills + some I've had to pay out of my pocket. The car was flattened; totalled.

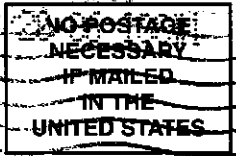
ATTACH ADDITIONAL SHEETS IF NECESSARY

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

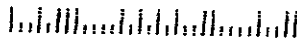


BUSINESS REPLY MAIL

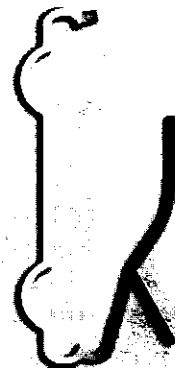
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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-210
400 7th Street, SW
Washington, DC 20590



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owners & Operators (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration





**KENTUCKY UNIFORM POLICE
TRAFFIC COLLISION REPORT**

MASTER FILE # 70288561

INVESTIGATING AGENCY **KY STATE POLICE. POST 01** AGENCY ORI NUMBER **KSP0100** LOCAL CODE

ROADWAY NAME **STATE ROUTE 307** PARKING LOT: N INTERSECTION WITH: N BETWEEN STREETS: N

ROADWAY # KY0307	DISTANCE FROM MILEPOINT FEET: 100 DIRECTION: SOUTH	MILEPOINT # 15	INJURED 1	KILLED	# UNITS INVOLVED 1	HIT & RUN NO	ONE WAY NO	SPEED LIMIT 55 MPH
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IN CITY LIMITS? NO	LATITUDE DEG: 36 MIN: 45.643	COLLISION DATE AND TIME 01/18/2006 18:01
MILES FROM CITY 7 MILES NORTH	LONGITUDE DEG: 88 MIN: 52.118	

CITY/TOWN **05304 - FULGHAM** RAMP: NO
FROM: DIR:
TO: DIR:

MANNER OF COLLISION 09 - SINGLE VEHICLE	LOCATION 1ST EVENT 04 - OUTSIDE SHOULDER-LEFT	TRAFFIC CONTROL 02 - CENTER LINE 06 - NO PASSING ZONE.
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ROADWAY TYPE 07 - STATE	TOTAL LANES 2	ROADWAY CHARACTER 04 - STRAIGHT & GRADE	ROADWAY SURFACE 01 - ASPHALT	ROADWAY CONDITION 01 - DRY
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WEATHER 02 - CLEAR	LIGHT CONDITION 06 - DARK-HWY NOT LIGHTED	LAND USE 07 - RURAL	SCHOOL BUS RELATED 03 - NOT APPLICABLE
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FIRST AID AT SCENE YES FIRST AID GIVEN BY **HICKMAN COUNTY EMS**

INJURED REMOVED TO **03801 - PARKWAY REGIONAL**

EMS AGENCY AND RUN # 10100023	EMS AGENCY AND RUN #	EMS AGENCY AND RUN #
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NOTIFIED TIME 17:57	ARRIVED TIME 18:14	TIME AT HOSPITAL 19:06	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
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INJURED OR DECEASED REMOVED BY
06 - PRIVATE AMBULANCE

1 PROPERTY DAMAGE - OTHER THAN VEHICLES: PROPERTY
OWNER/ADDRESS

2 PROPERTY DAMAGE - OTHER THAN VEHICLES: PROPERTY
OWNER/ADDRESS

3 PROPERTY DAMAGE - OTHER THAN VEHICLES: PROPERTY
OWNER/ADDRESS

INV. COMPLETE YES PHOTOS YES PHOTOGRAPHER UNIT NO. **KSP 486**

INVESTIGATOR MILLER B	ID NUMBER 1016	BEAT OR POST NO.	TIME NOTIFIED 18:01	TIME ARRIVED 18:16	ROWY OPENED 19:50
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REVIEWED BY **W LOCKWOOD** PAGE 1 OF 4

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE

KSP 74 Revised 1/2000

MASTER FILE # 70288561

INVESTIGATING AGENCY KY STATE POLICE, POST 01

AGENCY ORI NUMBER KSP0100

LOCAL CODE

UNIT #1 WAS SOUTHBOUND ON KY 307. A DEER WAS STANDING IN THE SOUTHBOUND LANE. UNIT #1 ATTEMPTED TO AVOID COLLIDING WITH THE DEER BY MANEUVERING TO THE NOTRHBOUND LANE BUT STRUCK THE DEER. UNIT #1 LOST CONTROL AND BEGAN TO SPIN OUT OF CONTROL, ACCORDING TO A WITNESS. UNIT #1 RAN OFF OF THE NORTHBOUND PORTION OF KY 307 AND SLID SIDWAYS INTO A TREE WHERE IT CAME TO FINAL REST. THE DEER WAS PUT 10-7 AT TE SCENE.

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE # 70288561

INVESTIGATING AGENCY KY STATE POLICE, POST 01

AGENCY ORI NUMBER KSP0100

LOCAL CODE

UNIT # 1 TOWED? YES - WALKERS WRECKER SERVICE

OCCUPANTS 1 PEDESTRIAN FACTORS

OPERATOR'S LIC. NO. STATE KY

OPERATORS LICENSE RESTRICTIONS

CDL NO CO. RESIDENT YES OWNER YES

OPERATOR NAME (L.N. FN, MI)

DATE OF BIRTH ADDRESS 1 CLINTON, KY

COMPLIANT YES

A. PRE-COLLISION VEHICLE ACTION 05 - GOING STRAIGHT AHEAD

B. UNIT TYPE 14-PASSENGER CAR

C. FIRE NO

D. OVERTURNED YES

E. HUMAN FACTORS 13 - IMPROPER PASSING 18 --NOT UNDER PROPER CONTROL

F-H. EVENT COLLISION 1ST: 03 - DEER 2ND: 36 - OVERTURNED

I. VEHICULAR FACTORS 99 - NONE DETECTED

J. ENVIRONMENTAL FACTORS 01 - ANIMALS ACTION

K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE

INVOLVED PERSONS: NAME ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
MALE CLINTON, KY		08,01	YES	01	04	03	01	04	01	01	01

VEH YEAR 1990 MAKE VOLVO MODEL 740 SERIES TYPE 4D STATE KY REGISTRATION NUMBER 948BCF YEAR 2006

VEHICLE ID NUMBER YV1FA8843L2 VEHICLE INSURED YES NAME OF INSURANCE CO. SAFECO COLOR OF VEH TAN

1ST AREA OF CONTACT 01 - FRONT VEHICLE 1ST AREA CONTACT - COMBINATION VEHICLE EXTENT OF DAMAGE SEVERE AIR BAG SWITCH NOT PRESENT TRAVEL DIRECTION SOUTH

ESTIMATED TRAVEL SPEED BETWEEN 40 & 50 MPH MOST HARMFUL EVENT

COMMERCIAL VEH. NO HAZ. CARGO HAZ. SPILL HAZ. CARGO CODE TYPE CARGO/COMMODITY NAS SAFETY REPORT #

SINGLE/COMBINATION/BOBTAIL NO. AXLES NO. TRAILERS US DOT # ICC MC # CRASH AVOIDANCE (Fatal Only)

GYWR TOTAL MOTOR CARRIER NAME CARRIER NAME SOURCE

MOTOR CARRIER ADDRESS

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER YES METHOD OF DETERMINATION 03 - PBT

TAKEN BY

TEST OFFERED NO CHEMICAL TEST TESTED FOR SENT TO RESULTS PAGE

KY 307

impact with deer

impact with trees
and final rest



NOT TO SCALE

