



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: 17-APR-2006 2 AM
Repository:
Reference No.: 10155480

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: ROWLETT State: TX 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 a signature, NHTSA will provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 4/17/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KMHWF35H14[REDACTED]
Make: HYUNDAI Model: SONATA Model Year: 2004
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: MESQUITE MOTORS Engine: [REDACTED] No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: MESQUITE State: TX Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 141000 AIR BAGS:FRONTAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-APR-2006 Failure Mileage: 40000 Failure Speed: 35

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: DOTM15ABC036): [REDACTED] 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 incident(s), failure(s), crash(es) and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 2 Number of Deaths: 0 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 STATED WHILE DRIVING 35MPH, THE VEHICLE WAS INVOLVED IN A CRASH AND THE AIR BAGS DID NOT DEPLOY. THE VEHICLE WAS STRUCK BROAD SIDED ON THE PASSENGER SIDE BETWEEN BOTH DOORS. BOTH PASSENGERS OF THE VEHICLE WERE WEARING SEATBELTS AND RECEIVED ONLY MINOR INJURIES. THE VEHICLE WAS ABLE TO BE DRIVEN AWAY FROM THE SCENE. THE POLICE WERE AT THE SCENE OF THE ACCIDENT AND PROVIDED A WRITTEN REPORT; HOWEVER, THE VEHICLE HAS NOT BEEN INSPECTED BY THE INSURANCE COMPANY.

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.

TEXAS POLICE OFFICER'S CRASH REPORT (CRS-3) (Rev. 01/05) Distribution of Crash Reports: This report may be submitted via the CRS Web Portal, electronically submitted via XML, or mailed to the TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4007, AUSTIN TX 78762-0008. Please see the DPS instructions in Police for more details regarding these submission methods or look on the DPS Website at http://www.dps.state.tx.us/submitcrash.htm

FATAL CIVIL INVOLVED SCHOOL BUS RELATED RAILROAD RELATED MEDICAL ADVISORY BOARD HIT AND RUN AMENDMENT/ SUPPLEMENT

PLACE WHERE CRASH OCCURRED _____

COUNTY Rockwall CITY OR TOWN Rockwall

IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES N S E W OF _____

LOC # _____

CR # _____

DPS # _____

ROAD ON WHICH CRASH OCCURRED 500 SSR CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT 45

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CORN _____

INTERSECTING STREET OR RH X'ING NUMBER 2800 Ridge Road FM 740 CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT 45

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CORN _____

HOT AT INTERSECTION FT. MI. OF _____ NEAREST LATITUDE _____ LONGITUDE _____

DATE OF CRASH April 11 2006 DAY OF WEEK Sunday HOUR 9:06 AM PM IF EXACTLY NOON OR MIDNIGHT, SET STATE

UNIT # 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 2-BRAIN 5-AUTORIZED CONVEYANCE 8-OTHER VIN 2MEFM75W83X ALTERED VEHICLE HEIGHT YES NO

YEAR MODEL 2003 COLOR & MAKE White Mercury MODEL NAME Grand Marquis BODY STYLE 4dr LICENSE PLATE _____

DRIVER'S NAME _____ PHONE NUMBER _____

DRIVER'S LICENSE C A LICENSE STATUS 1 1-VALID 2-REV. W/CD 3-PROBATION/RESTRICTED 4-CANCELLED/ISSUED 5-EXPIRES 6-RENEWED

DRIVER'S ETHNICITY 1 1-WHITE 2-ASIAN 3-OTHER 4-UNKNOWN 5-BLACK 6-INDIAN 7-OTHER DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION Retired POLICE, FIREFIGHTER, EMS, OR EMERGENCY OTHER (PLEASE SPECIFY) _____

TYPE OF ALCOHOL SPECIMEN TAKEN 4 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN 3 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS _____ DRUG CATEGORY _____

LICENSED OWNER Driver _____

LIABILITY INSURANCE YES NO Farm Bureau County Mutual of Texas VEHICLE DAMAGE RATING FD2

UNIT # 2 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 2-BRAIN 5-AUTORIZED CONVEYANCE 8-OTHER VIN KMHWF35H14A ALTERED VEHICLE HEIGHT YES NO

YEAR MODEL 2004 COLOR & MAKE Blue Hyundai MODEL NAME Sonata BODY STYLE 4dr LICENSE PLATE _____

DRIVER'S NAME _____ PHONE NUMBER _____

DRIVER'S LICENSE C A LICENSE STATUS 1 1-VALID 2-REV. W/CD 3-PROBATION/RESTRICTED 4-CANCELLED/ISSUED 5-EXPIRES 6-RENEWED

DRIVER'S ETHNICITY 1 1-WHITE 2-ASIAN 3-OTHER 4-UNKNOWN 5-BLACK 6-INDIAN 7-OTHER DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, OR EMERGENCY OTHER (PLEASE SPECIFY) _____

TYPE OF ALCOHOL SPECIMEN TAKEN 4 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN 3 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS _____ DRUG CATEGORY _____

LICENSED OWNER Sonatas Driver _____

LIABILITY INSURANCE YES NO State Farm VEHICLE DAMAGE RATING RD2

DAMAGE TO PROPERTY OTHER THAN VEHICLES None

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED

NAME _____ CHARGE _____ CITY/TOWN _____

NAME _____ CHARGE _____ CITY/TOWN _____

TIME NOTIFIED OF CRASH 4-11-06 9:06 AM DISPATCHED 9:08 AM TIME ARRIVED AT SCENE 4-11-06 9:08 AM DATE OF REPORT 4-11-06

TYPED OR PRINTED NAME OF INVESTIGATOR M. Johnson ID# 983 AGENCY Rockwall PD DISTRICT 1A1 REPORT COMPLETE YES NO

SEAT POSITION 1-DRIVER SEAT 2-FRONT PASSENGER 3-REAR SEAT 4-REAR SEAT LEFT 5-REAR SEAT RIGHT 6-REAR SEAT CENTER	7-SEAT BELT POSITION 7-SEAT BELT POSITION 8-SEAT BELT POSITION 9-SEAT BELT POSITION 10-SEAT BELT POSITION 11-SEAT BELT POSITION 12-SEAT BELT POSITION	SOLICITATION 1-REAR SEAT 2-REAR SEAT 3-REAR SEAT 4-REAR SEAT 5-REAR SEAT 6-REAR SEAT 7-REAR SEAT 8-REAR SEAT 9-REAR SEAT 10-REAR SEAT 11-REAR SEAT 12-REAR SEAT	ERECTED 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES 11-YES 12-YES	RESTRAINT USED 1-SEATBELT & AIR BAG 2-SEATBELT ONLY 3-AIR BAG ONLY 4-CHILD SEAT 5-CHILD SEAT 6-CHILD SEAT 7-CHILD SEAT 8-CHILD SEAT 9-CHILD SEAT 10-CHILD SEAT 11-CHILD SEAT 12-CHILD SEAT	ADDITIONAL 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES 11-YES 12-YES	WELMET USE 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES 11-YES 12-YES	INJURY SEVERITY 1-NO 2-NO 3-NO 4-NO 5-NO 6-NO 7-NO 8-NO 9-NO 10-NO 11-NO 12-NO
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1 JOINED DUE TO YES NO **VEHICLE REMOVED TO Drive Away** BY _____

PL	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN
1	2	3	4	5	6	7	8	9	10	11	12	13

2 TOWED DUE TO YES NO **VEHICLE REMOVED TO Drives Away** BY _____

PL	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN
1	2	3	4	5	6	7	8	9	10	11	12	13

PL	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN

IF AMBULANCE USED, SHOW

PL	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN

COMPLETE THIS SECTION IF PERSON KILLED (If a person dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

PL	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN

DESCRIPTION

Unit 1 was traveling north in the right lane of 2800 Ridge Rd and stopped at a red light at the intersection of 500 S.S.A. Unit 2 was traveling east in the right lane of 500 S.S.A. appears the intersection of 2800 Ridge Rd. Unit 1 began turning left into the intersection with a red striking unit 2 causing damage to the right side of unit 2. Unit 1 was behind unit 2 and it was not clear if unit 1 entered the intersection.

Site attached

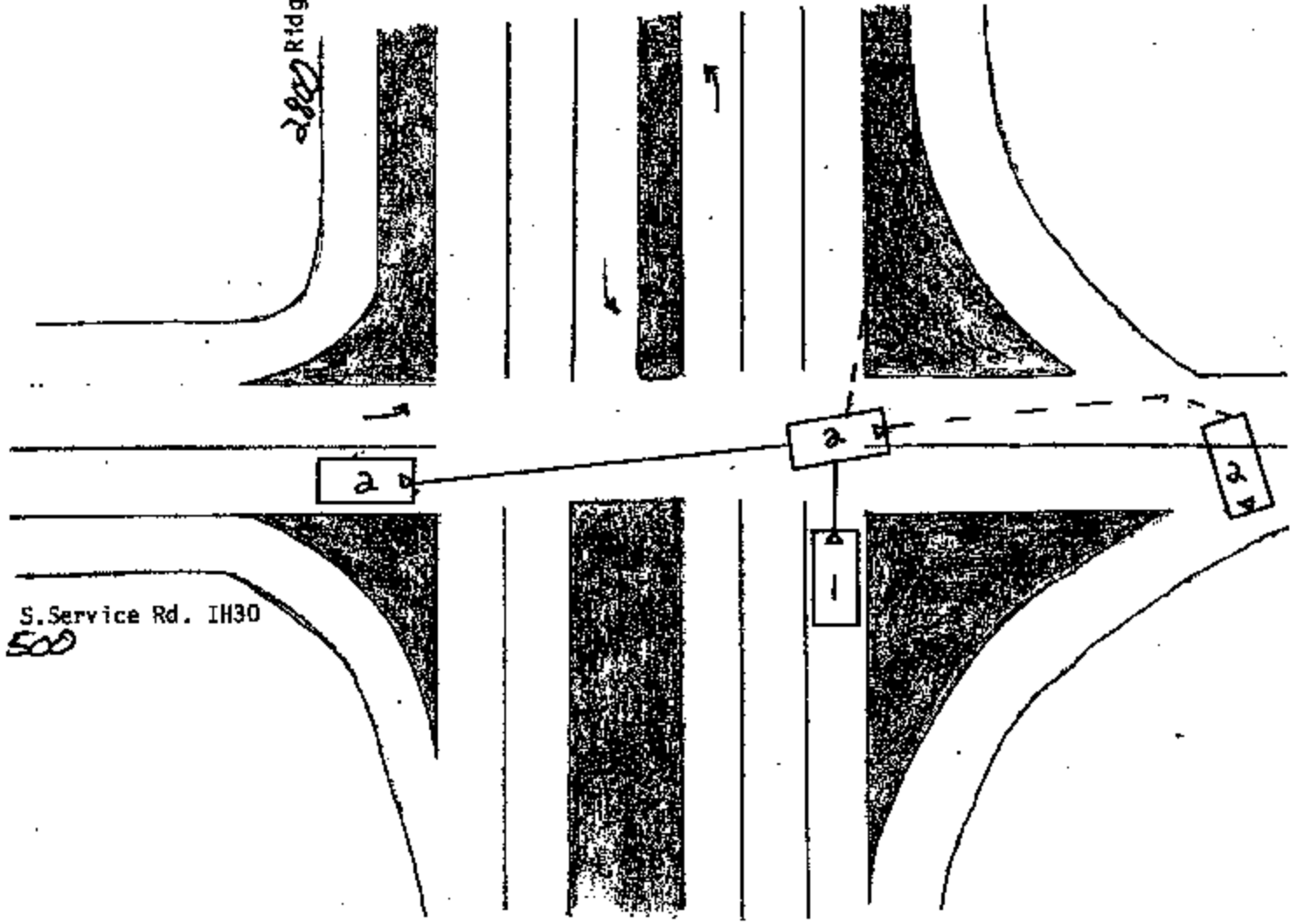
FACTORS AND CONDITIONS LISTED BY THE INVESTIGATOR'S OPINION

PL	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN	LN
1	2	3	4	5	6	7	8	9	10	11	12	13

VEHICLE DEFECTS 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES 11-YES 12-YES	WRECKAGE 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES 11-YES 12-YES	DRIVEWAY CONDITION 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES 11-YES 12-YES
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↑ N
Not to Scale
Lakeland P.D.
4/16/06
Officer M. Johnson #933

Ridge Rd.
2800



S. Service Rd. IH30
500

2

2

2

1

