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 ☐
03-JUL-2006	Reference No. 10161324

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City CHESTERFIELD	State VA	Zip Code	Evening Telephone Number

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
1FTNX21F93E	FORD	E250	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
14-FEB-03	SHEHE FORD 804 794 6500			No: Cylinders 8	Diesel
Original Owner ☒	Dealer's City RICHMOND	State VA	Zip Code 23235		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain 4 WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
13-JUN-2006	55000	35

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: DOTMAL9ABC036)	☐ 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	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 35 MPH AROUND A CURVE AN ACCIDENT OCCURRED TRYING TO AVOID AN ON-COMING VEHICLE. THE CONTACT PULLED TO THE SHOULDER OF THE ROAD AND LOST CONTROL OF THE VEHICLE, WHICH RESULTED IN AN IMPACT WITH A RAILROAD POST. THIS LAUNCHED THE VEHICLE INTO A CREEK. THE AIR BAGS DID NOT DEPLOY, HOWEVER THE SEAT BELTS DID RESTRAIN THE CONTACT. DUE TO THE AIR BAG'S FAILURE TO DEPLOY, THE CONTACT WAS SERIOUSLY INJURED. THE FIRE DEPARTMENT RESCUED THE CONTACT AND A POLICE REPORT WAS PROCESSED AT THE SCENE OF THE ACCIDENT.*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 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.

GEICO

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

-3856

One GEICO Plaza ■ Washington, D.C. 20076-0001

[redacted]

Date: 7/05/06

Accident Date: 6/13/06

Claim Number: [redacted]

Dear [redacted]

This is a brief explanation of your claim settlement:

Agreed value of vehicle	$	27050.00
☐ Add State Sales Tax	$	811.50
☐ Misc. Fees & Adjustments	$	12.00
TOTAL	$	27873.50
Less deductible amount (if any)	$	250.00
Less net value of salvage you retained	$	—
Less payment to lienholder	$	27623.50
Amount to you (Payment enclosed)	$	_____
Additional Payments	$	_____

[redacted] Check Number

(_____) Check Number

(_____) Check Number

NOTICE:
State law requires that owners of Total Loss or Salvage motor vehicles apply for a Salvage Certificate within 10 days after a Total Loss Settlement.

☐ Does not apply ☐ Does apply

Any State Sales Tax due the Owner through Replacement of the vehicle will be considered when Notice is given and Purchase Invoice Presented.

☐ Does not apply ☐ Does apply

Adjuster Lewis Telephone No. X6808

Customer's Signature _____

Please Refer to Our Claim Number When Writing or Calling About This Claim

MEMBER NATIONAL INSURANCE CRIME BUREAU

Commonwealth of Virginia • Department of Motor Vehicles

Page 1 of 1 pages ☐ Supplemental report 3R1

Police Crash Report

Agency Copy FR300P (Rev 9/03)

Crash date MM / DD / YYYY	Day of week	Military time (24 hr. clock)	County of crash	Official DMV use
06 13 2006	TUES	0836	CHESTERFIELD	

☐ City of ☐ Town of — Landmark at scene: NONE — GPS Lat.

Location of crash (route/street): 7900 REEDY BRANCH Rd. — Railroad crossing ID no. (if within 150 ft.) — GPS Long. — Mile marker number — Local case number: [redacted]

☐ at intersection with or 3/4 ☒ miles ☐ feet N S E W ☐ ☐ ☐ ☒ of Location of crash (route/street): WOODPECKER Rd. — Number of vehicles: 1

Vehicle No. 1

Driver's name (last, first, middle): [redacted] — Driver fled scene ☐ — Yrs. dr. experience: [redacted]

Address (street and no.): [redacted]

City: CHESTERFIELD — State: VA — ZIP: [redacted]

Birth date MM / DD / YYYY: [redacted] — Gender: F — Driver's license number: [redacted] ☒ DL ☐ CDL — State: VA

Vehicle owner's name (last, first, middle) or Commercial motor carrier: [redacted] ☐ same as driver

Address (street and no.): [redacted]

City: CHESTERFIELD — State: VA — ZIP: [redacted]

A Veh. type: 04 — Veh. year: 2003 — Veh. make: FORD — Veh. model: F-250 — CMV ☐ — Towed ☒

Vehicle plate number: [redacted] — State: VA. — B EMV type — C EMV in service — Approximate repair cost: TOTAL

VIN: 1FTNX21F93E[redacted]

CMV only: U.S. DOT no. or VA no. — Placard no. and class or name — No. of axles — Truck cover Y☐ N☐ — GVWR ☐ 10,000 and under ☐ 10,001 to 26,000 ☐ over 26,000 — ☐ HAZMAT ☐ Oversize — ☐ Cargo spill ☐ Override ☐ Underride

Vehicle No. 2 (or pedestrian ☐)

Driver's name (last, first, middle) — Driver fled scene ☐ — Yrs. dr. experience

Address (street and no.)

City — State — ZIP

Birth date MM / DD / YYYY — Gender — Driver's license number ☐ DL ☐ CDL — State

Vehicle owner's name (last, first, middle) or Commercial motor carrier ☐ same as driver

Address (street and no.)

City — State — ZIP

A Veh. type — Veh. year — Veh. make — Veh. model — CMV ☐ — Towed ☐

Vehicle plate number — State — B EMV type — C EMV in service — Approximate repair cost

VIN

CMV only: U.S. DOT no. or VA no. — Placard no. and class or name — No. of axles — Truck cover Y☐ N☐ — GVWR ☐ 10,000 and under ☐ 10,001 to 26,000 ☐ over 26,000 — ☐ HAZMAT ☐ Oversize — ☐ Cargo spill ☐ Override ☐ Underride

Vehicle no. 1 damage

Check impact area(s) Circle initial impact

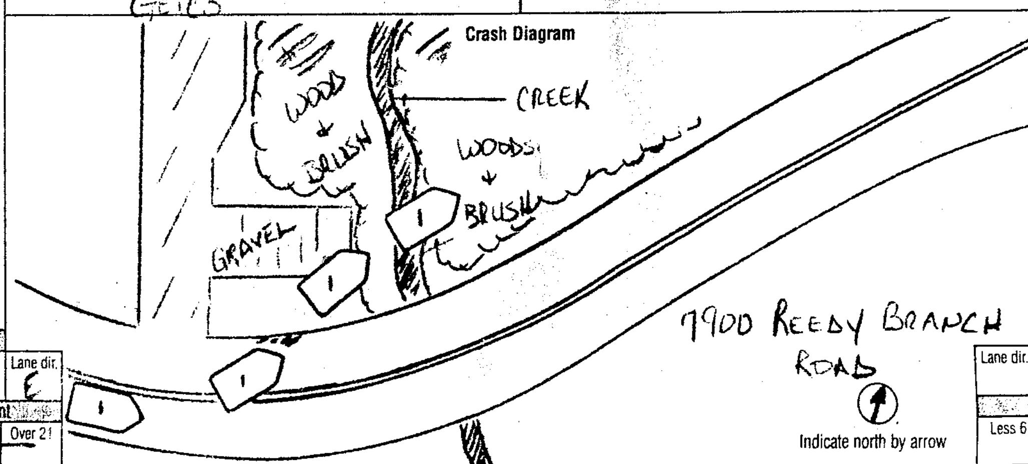
12, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13 (checked: 11, 12, 1, 2, 3, 13)

See back of FR300T

Name of insurance company (not agent): GEICO

Name of insurance company (not agent):

Crash Diagram



Vehicle no. 2 damage

Check impact area(s) Circle initial impact

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

See back of FR300T

Speed: Before crash	Limit	Max safe	Lane dir.
35-40	45	45	E

Passengers age count: Less 6 — 6-17 — 18-21 — Over 21

Vehicle no. 2 — Lane dir. — Speed: Before crash — Limit — Max safe — Passengers age count: Less 6 — 6-17 — 18-21 — Over 21

Damage to property other than vehicles — Approximate repair cost — Object struck (tree, fence, etc.) — Property owner's name (last, first, middle) and address

Crash description: DRIVER #1 EAST BOUND ON REEDY BRANCH Rd LEFT THE ROADWAY TO THE LEFT AND CAME TO A STOP IN THE CREEK. ~~DRIVER~~ #1 SAID A ONCOMING VEHICLE WAS IN HER LANE. THERE WERE NO SIGNS AT THE SCENE THAT VEHICLE #1 LEFT IT'S LANE TO THE RIGHT AND OVERCORRECTED BACK TO THE LEFT.

Offenses charged driver: NONE N

All injured

12	13	14	15	16	17	18	19	20	Names of injured (If deceased give date of death)	EMS transport	Date of death MM/DD/YYYY
1	1	4	2	1	[redacted]	F	2	X	[redacted]	YES	

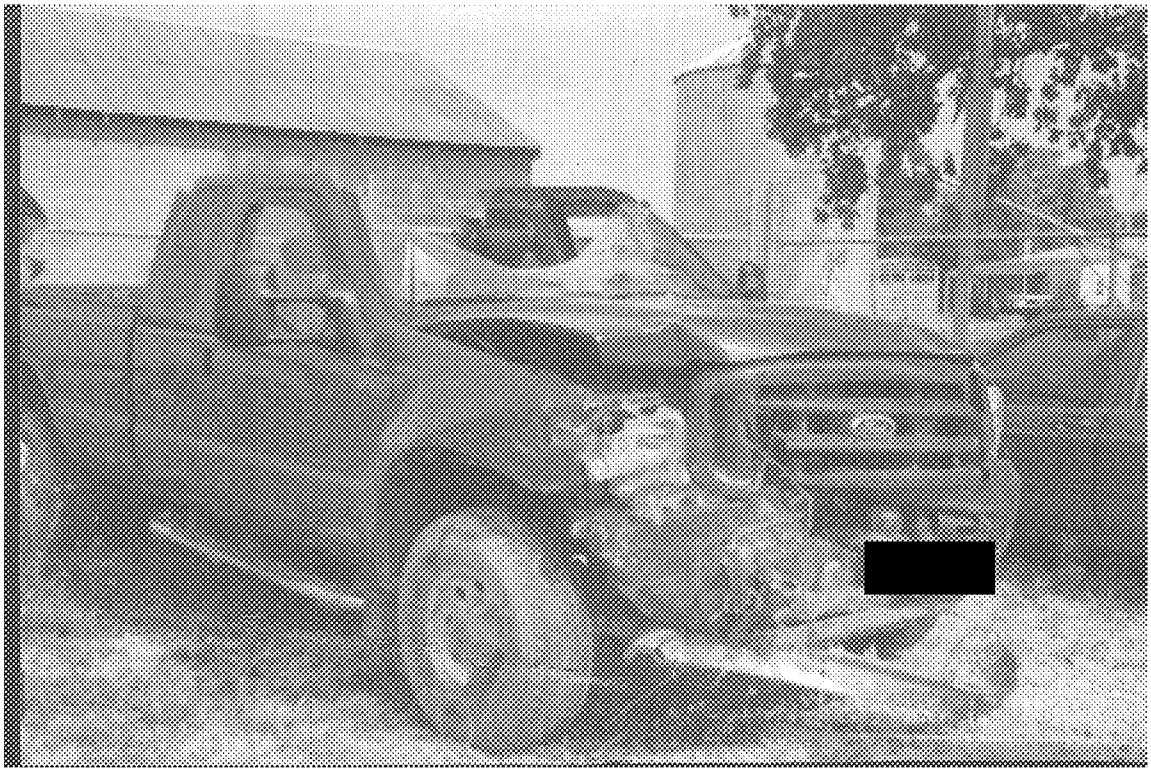
Right margin codes: 21 1; 22 X; 23 2; 24 9; 25 X; 26 1/2; 27 X; 28 1; 29 X; 30 1; 31 X; 32 X; 33 X; 34 1; 35 X; 36 X; 37 1; 38 X; 39 X; 40 4; 41 X; 42 X; 43 2; 44 X; 45 X; 46 1; 47 X; 48 2; 49 X; 50 1; 51 X

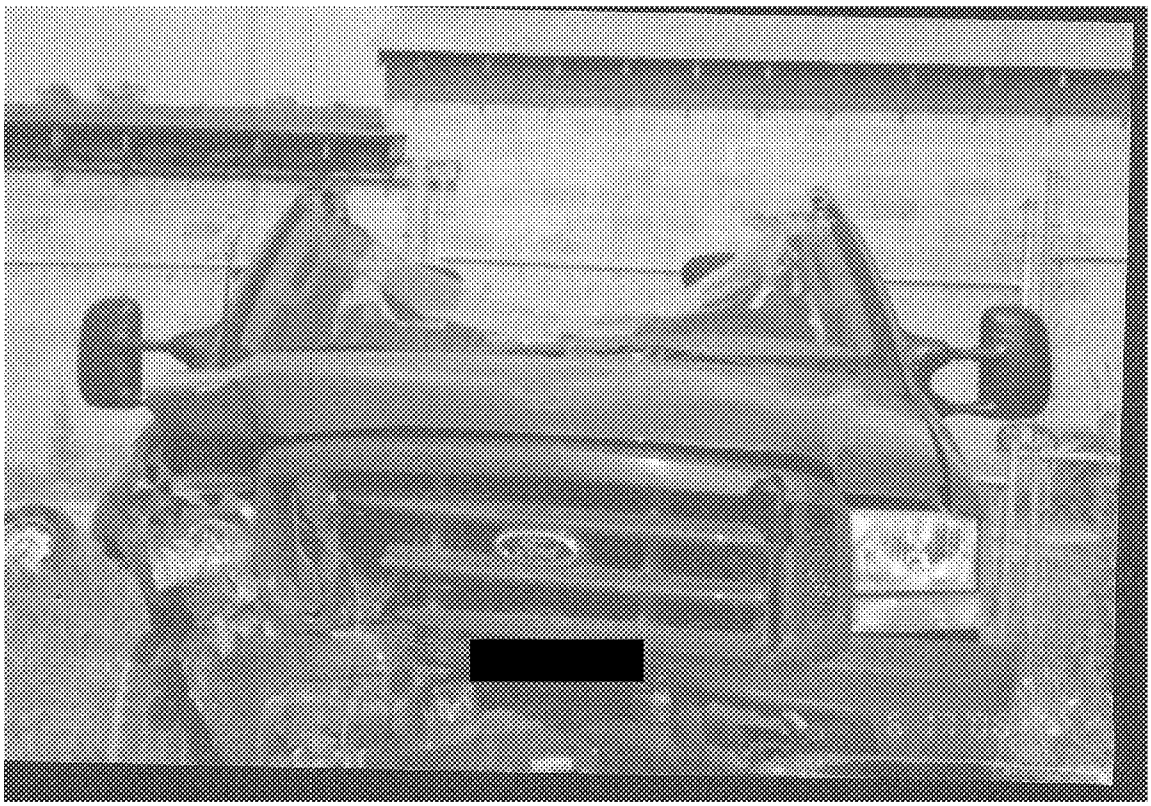
Left margin codes: 1 1; 2 X; 3 4; 4 1; 5 1; 6 1; 7 2; 8 4; 9 3; 10 2; 11 2

Investigating officer: J.L. KENNON JR. — Badge/code no.: 175 — Agency/department name and code: CHESTERFIELD 020 — Reviewing officer — Report file date: 7 3 06

CW 7/18/06

1910 613 2006





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).