



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

06 JUL 17
06-JUL-2006

Reference No.
10161678

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: WINSTON SALEM State: NC Zip Code: [REDACTED]

Daytime Telephone Number

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 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
KMHWF25H53A [REDACTED] KMHWF35H53A [REDACTED]
Make: HYUNDAI Model: SONATA Model Year: 2003
Date Purchased: 01-JAN-03 Dealer's Name and Telephone Number: Bob Dunn Hyundai 336 275 9761
Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner: Dealer's City: Greensboro State: NC Zip Code: 27405
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 140000 AIR BAGS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 30-JUN-2006 Failure Mileage: 38000 Failure Speed: 50
AIR BAGS FAILED TO DEPLOY

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: 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).
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 THE VEHICLE WAS INVOLVED IN A HEAD ON COLLISION AND NONE OF THE AIR BAGS DEPLOYED. WHILE TRAVELING BETWEEN 45-50 MPH ANOTHER VEHICLE SWITCH LINES, CUTTING OFF THE CONTACT. THE CONTACT'S VEHICLE WENT INTO THE LEFT LANE AND HIT THE MEDIUM GUARD RAIL ON THE LEFT SIDE OF THE ROAD IMPACTING THE REAR OF THE VEHICLE. THE VEHICLE THEN SPUN AROUND ACROSS BOTH LANES AND HIT THE GUARD RAILS ON THE RIGHT SIDE OF THE ROAD HEAD ON. NONE OF THE AIR BAGS DEPLOYED. THE DEALERSHIP HAS BEEN ALERTED. THERE WAS EXTENSIVE DAMAGE DONE TO THE VEHICLE. THERE WERE INJURIES SUSTAINED AND A POLICE REPORT WAS FILED.

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)

During a head on collision the air bags failed to deploy
causing injury to my wifes chest, back & neck.

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



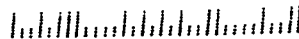
**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

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



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

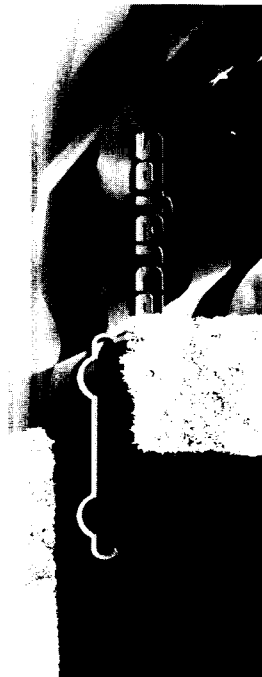
www.safercar.gov

or call:

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



Vehicle Owner's Representative (VOO)
U.S. Department of Transportation
National Highway Traffic Safety Administration





Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
888-327-4236
www.safercar.gov

FOR AGENCY USE ONLY	
Date Received	Repository <input type="checkbox"/>
Reference No.	

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Street No: [REDACTED] Apt. No.: [REDACTED]
 City: WINSTON-SALEM State: NC Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
 Evening Telephone Number: SAME
 E-mail: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on [REDACTED]
 Signature of Owner: [REDACTED] Date: 6/10/06

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side: KM1HWF35H53A [REDACTED] Make: HYUNDAI Model: SONATA Year: 2003 Current Mileage: [REDACTED]

Date Purchased: JAN 03 Dealer's Name and Telephone Number: BOB DUNN'S HYUNDAI 336-275-9763 Engine: [REDACTED] Fuel Type: Diesel Hybrid Gas Other
 Original Owner Dealer's City: WINSTON-SALEM Greensboro State: NC Zip Code: 27405 No. Cylinders: 6

Transmission Type: Manual Automatic
 Antilock Brakes Cruise Control
 Powertrain: All-Wheel Drive Rear-Wheel Drive Front-Wheel Drive Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name: AIRBAGS Incident Date(s): 30 JUNE 06 Failure Mileage: 38000 Failure Speed: 50 MPH Failure Location: Driver Passenger Front Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: [REDACTED] Tire Model/Line: [REDACTED] Tire Name: [REDACTED] Tire Size (Example: P215/65R1105): [REDACTED]

Failed Structure: Tread Sidewall Bead DOT No. (Example: DOT MAL9ABC036 on sidewall): [REDACTED] Original Equipment Prior Repair

Failure Type: Blowout Blister Crack Torn Tread Separation Road Hazard Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model Number and Name: [REDACTED]

Seat Type: Infant Booster Integrated Convertible Other Installed in Vehicle using the: Vehicle safety belt LATCH system*
 Failed Part. Describe Failure Below: Base Harness/Buckle LATCH Connector Shell Handle Other *Vehicle info required

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 Police Report No.: [REDACTED]

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).
OUR CAR WAS INVOLVED IN A FRONT HEADON COLLISION AT 50 MPH. WHILE TRAVELING AT 45-55 MPH, I WAS CUT OFF BY A CAR GOING FROM LEFT TO RIGHT IN FRONT OF MY CAR. I WENT INTO THE LEFT LANE TO AVOID OTHER CAR, HITTING THE LEFT GUARD RAIL WITH MY RIGHT BACK BUMPER OF MY CAR. MY CAR SPUN AROUND ACROSS BOTH LANES, GOING HEAD ON INTO GUARD RAIL ON RIGHT SIDE ROAD. NO AIRBAGS DEPLOYED. THE STEERING WHEEL HIT FULL FORCE TO MY CHEST.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

CAUSING MULTIPLE BRUISES TO MY STERNUM AND CHEST. MY SEATBELT CAUSED ABRASIVE STRAP MARKS FROM MY LEFT SHOULDER TO MY RIGHT LOWER RIB CAGE. THE FORCE OF THE IMPACT STRAIN MY NECK, SHOULDER AND BACK MUSCLES. I HAD ABDOMINAL DISCOMFORT FROM THE LAP BELT. I WAS ADMITTED TO WAKE FOREST BAPTIST HOSPITAL TO THE TRAUMA CENTER. I WORE A NECK STABILIZER (STARTING AT ACCIDENT SITE) FOR ENTIRE STAY AT BAPTIST HOSPITAL 30 JUNE 06 TO JULY 3, 06. I ALSO RECEIVED O₂ AS NEEDED PLUS PAIN MEDS (HYDROCODONE, MORPHIN INJ. AND MORPHINE PUSH PAIN PUMP)

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



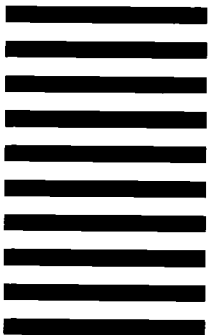
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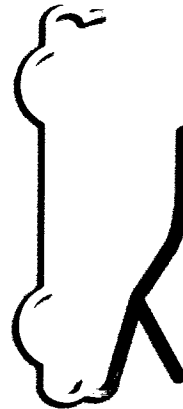
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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?



YES!

Use the enclosed form to file a report.

or visit

www.safercar.gov

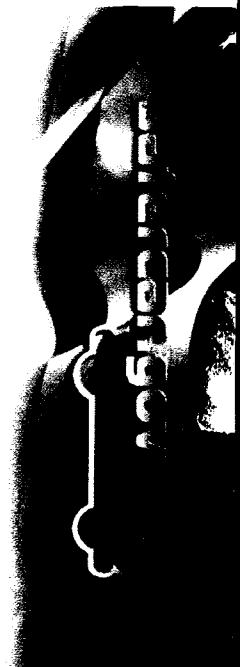
or call:

Vehicle Safety Hotline

800-327-4236

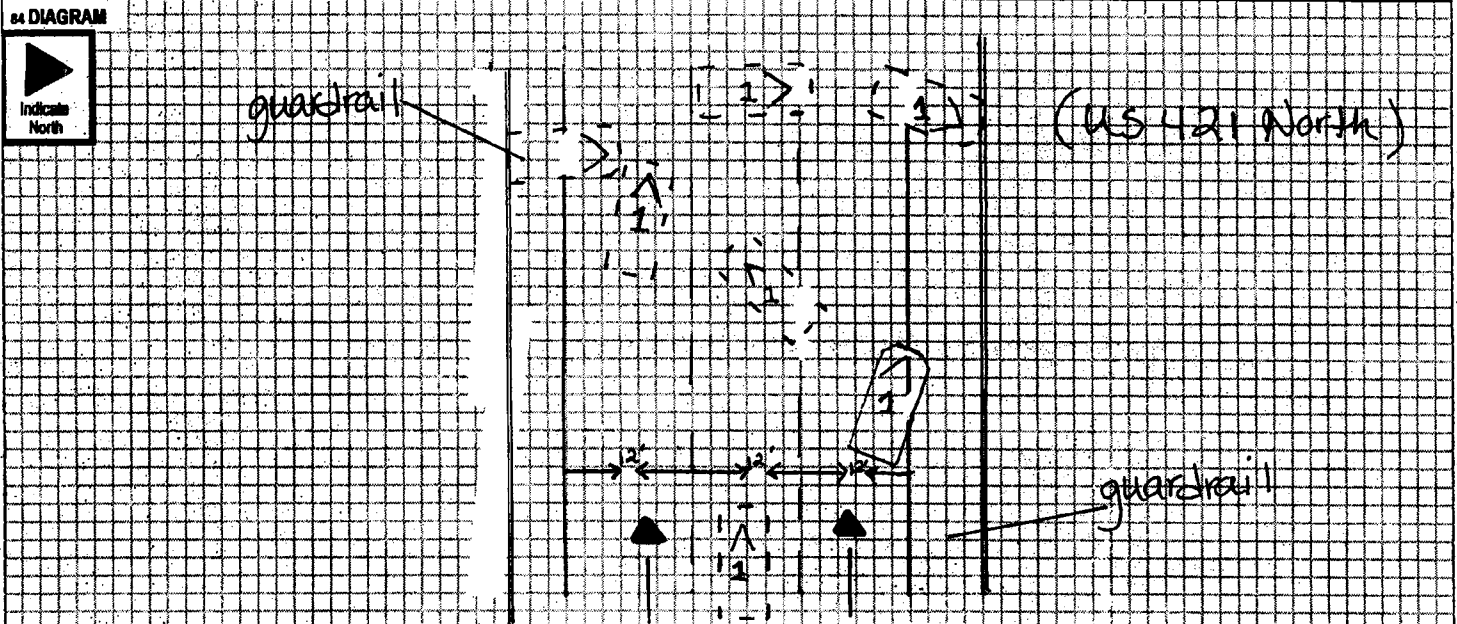


Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



AT HOME, I TAKE HYDROCODONE EVERY 4-6 HOURS.
I GET PAIN IN MY NECK, HEAD, AND SHOULDERS.
I WEAR A SOFT NECK COLLAR TO HELP LESSEN MY
NECK AND SHOULDER PAIN. - [REDACTED]

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>13, 17</u> Unit# <u> </u>		VEHICLE INFO.		Veh.# <u>1</u>	Veh.# <u> </u>	ROADWAY INFO.	
CRASH SEQUENCE (Unit Level)		Unit# <u>1</u>	Unit# <u> </u>	60 Authorized Speed Limit	<u>55</u>	66 Road Feature	<u>0</u>
49 Vehicle Maneuver/Action	<u>4</u>	<u> </u>	<u> </u>	61 Estimate of Original Traveling Speed	<u>50-60</u>	70 Road Character	<u>1</u>
50 Non-Motorist Action	<u>-</u>	<u> </u>	<u> </u>	62 Estimate of Speed at Impact	<u>40-50</u>	71 Road Classification	<u>2</u>
51 Non-Motorist Location Prior to Impact	<u>-</u>	<u> </u>	<u> </u>	63 Tire Impressions Before Impact (ft.)	<u>140'</u>	72 Road Surface Type	<u>3</u>
52 Crash Sequence - First Event for This Unit	<u>1</u>	<u> </u>	<u> </u>	64 Distance Traveled After Impact (ft.)	<u>262'</u>	73 Road Configuration	<u>4</u>
53 Crash Sequence - Second Event	<u>2</u>	<u> </u>	<u> </u>	65 Emergency Vehicle Use	<u>-</u>	74 Access Control	<u>2</u>
54 Crash Sequence - Third Event	<u>44</u>	<u> </u>	<u> </u>	66 Post Crash Fire (if "Yes" check box)	<input type="checkbox"/> <input checked="" type="checkbox"/>	75 Number of Lanes	<u>3</u>
55 Crash Sequence - Fourth Event	<u>1</u>	<u> </u>	<u> </u>	67 School Bus - Contact Vehicle	<input type="checkbox"/> <input checked="" type="checkbox"/>	76 Traffic Control Type	<u>0</u>
56 Most Harmful Event for This Unit	<u>44</u>	<u> </u>	<u> </u>	68 School Bus - Noncontact Vehicle	<input type="checkbox"/> <input checked="" type="checkbox"/>	77 Traffic Control Oper	<u>-</u>
57 Distance/Direction to Object Struck	<u>-</u>	<u> </u>	<u> </u>	COMMERCIAL VEHICLE - Hazardous Materials Involved <input type="checkbox"/> <input checked="" type="checkbox"/> Was it Loaded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Hazardous Cargo <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Released (does not include fuel tank and gas) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Carrying Hazard <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
58 Vehicle Under/Overide	<u>3</u>	<u> </u>	<u> </u>				
59 Vehicle Defects	<u>7</u>	<u> </u>	<u> </u>				



Unit# 1 was: Traveling Parked Facing N S E W on US 421 North Unit# was: Traveling Parked Facing N S E W on

65 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

The driver of veh 1 stated she was traveling west on US 421 N. A non-contact unknown vehicle abruptly changed lanes in front of veh 1. The driver of veh. 1 swerved taking evasive action to avoid colliding with the non-contact veh. Veh. 1 then ran off the road right, overcorrected thus colliding with adjacent guardrail then continuing back across the 3 lanes of travel and colliding with 2nd guardrail, coming to a stop.

AOI: .5 miles west from the west extended curbline of roadside Rd off at the south curbline of US 421 North

66 Type/Owner guardrail/Ashland paving, APAC Owner Address State Estimated Damage \$ 1,000
 Phone Greensboro, NC Priority? (150*414*135)

WITNESSES

Name Address Phone No.

Name Address Phone No.

Name Charge(s)

Name Charge(s)

Officer Name JC Britter Officer Number 280/14974 Department Winston-Salem Police Dept. Date of Report 09/30/2006

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

2

Do not write in these spaces
Data Received by DMV

No. of Units Involved Form 1 of 1 Supplemental Report Non-Reportable
Crash Date 06/30/2006 County Forsyth Time 1108 Local Use/Patrol Area 630914/290-1398

33 Relation to Roadway Surface 1 Crash occurred in Winston-Salem Municipality US 421 N Highway Number, or Highway, Street, (if ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing #) 5 Miles (0 R-Intersection) (If available) from Reidsville Rd toward 5th St

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE
Driver [Redacted] Address [Redacted] City Winston-Salem State NC
DOB 03/26/1940 Vision Obstruction 0 Physical Condition 1 D.L. Restrictions
37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) 0
Owner Same as Driver? [X] Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted]
Plate # [Redacted] Plate NC Plate Year 2007
VIN KMHWF35H53A
Vehicle Make Hyundai Vehicle Year 2003 41 Vehicle Style (Type) 1 42 Vehicle Drivable [X] Yes [] No
43 TAD BR-2, FD-4 44 Estimated Damage 5,000
Insurance Company Erie

UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER
Driver First Middle Last Suffix
Address
City State Zip
DOB
37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI)
Owner Same as Driver? Address City State Zip Plate # Plate State Plate Year VIN Vehicle Make Year Style (Type) 41 Vehicle Drivable 42 Vehicle Drivable Insurance Company Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source
45 Cargo Body Type Same Address as Owner? Source: Truck US DOT# ICC# State State# IFTA# FE# Fleet# Gross Vehicle Weight Rating

21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

A	1	1	1	Light Drv1, Ped1, etc.	WF210213	see above	Veh# 1 Towed To/By: 3657 Reynolda Rd / Deans Towing
B				Unit 2 Drv2, Ped2, etc.		see above	Veh# Towed To/By:
C							
D							
E							
F							
G							
H							

46 Name of EMS FC EMS 46 Name of EMS
47 Injured Taken by EMS to Baptist Hospital / Winston Salem (Treatment Facility and City or Town) 47 Injured Taken by EMS to (Treatment Facility and City or Town)

UNIT/STOCK NUMBER TITLE NUMBER CLAIM NUMBER

ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

Sandra Denise Hudspith (transferor's name, Print)
state that the odometer now reads 38000 Approx (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle describe below, unless one of the following statements is checked.

(1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
 (2) I hereby certify that the odometer reading is NOT the actual mileage.
WARNING—ODOMETER DISCREPANCY.

MAKE <u>HYUN</u>	MODEL <u>Sanota</u>	BODY TYPE <u>Sedan</u>
VEHICLE IDENTIFICATION NUMBER <u>KMHWF3SH53A</u>		YEAR <u>2003</u>

TRANSFEROR'S SIGNATURE (SELLER) X Sandra Denise Hudspith

TRANSFEROR'S ADDRESS (SELLER) [REDACTED]

CITY Winston-Salem STATE NC ZIP CODE [REDACTED]

DATE OF STATEMENT June 12, 2006

TRANSFeree'S SIGNATURE (BUYER) Erie Insurance Group PRINTED NAME Erie Insurance group

TRANSFeree'S ADDRESS (STREET) 125 Edinburg South

CITY Cary STATE NC ZIP CODE 27512

White copy—Title Copy Canary Copy—Buyer's Copy Pink Copy—Seller's Copy

C-33 9/89

MVR-181 (Rev. 1/02)

DAMAGE DISCLOSURE STATEMENT
VEHICLES FIVE (5) YEARS OLD AND NEWER (Applies to Numbers 1 and 4)
Alterations or erasures void this form.

STATE LAW REQUIRES THAT EVERY SELLER DISCLOSE TO THE BUYER IF HE KNOWS OR REASONABLY SHOULD KNOW, THE INFORMATION LISTED BELOW. FAILURE TO DO SO WILL RESULT IN CIVIL LIABILITY.

MAKE <u>HYUN</u>	BODY STYLE <u>2003</u>	YEAR MODEL <u>2003</u>	VEHICLE IDENTIFICATION NUMBER <u>KMHWF3SH53A</u>
<p>1. Has this vehicle been damaged by collision or other occurrence to the extent that damages exceed 25% of its value at the time of the collision or other occurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, list parts that were damaged: <u>Total Loss</u></p>			
<p>2. Was this vehicle a salvage motor vehicle?*(ANY Year) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, in which state was it titled? _____</p>			
<p>3. Is this vehicle a flood vehicle?*(ANY Year) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>4. Is this vehicle a recovered theft vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, list parts that were damaged: _____</p>			
<p>5. Has this vehicle been reconstructed?*(ANY Year) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>I declare that the above information is true to the best of my knowledge.</p>		<p>ACKNOWLEDGEMENT OF BUYER:</p>	
<p><u>X</u> _____ SIGNATURE OF SELLER</p>		<p><u>Erie Insurance Group</u> SIGNATURE OF BUYER</p>	
<p>Address of Seller <u>X</u> [REDACTED], Winston-Salem, NC [REDACTED]</p>			

NOTICE TO BUYER: RETAIN THIS INFORMATION. STATE LAW REQUIRES YOU TO DISCLOSE SIMILAR DAMAGE INFORMATION WHEN YOU SELL OR TRANSFER TITLE TO THIS VEHICLE.

*See definitions on reverse side.

