



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

26-JUL-2006

Repository

Reference No.
10163512

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SALINAS State CA 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 7/26/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GNDX03E41D [REDACTED] Make CHEVROLET Model VENTURE Model Year 2001
Date Purchased 09-NOV-05 Dealer's Name and Telephone Number MIKE AUTOSALES 831 759 2800 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City SALINAS State CA Zip Code 93901
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) 01-JUL-2006 Failure Mileage 106000 Failure Speed 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: DOTM19ABC036) 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 _____ 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 35 MPH APPROACHING AN INTERSECTION THE VEHICLE IN FRONT MADE A U TURN WHICH RESULTED IN A COLLISION. THE CONTACT VEHICLE IMPACTED THE OTHER VEHICLE ON THE REAR LEFT SIDE. THE AIR BAGS DID NOT DEPLOY AND THE CONTACT WAS INJURED; FRACTURED RIBS. A POLICE REPORT WAS FILED AT THE SCENE OF THE ACCIDENT. THE FIRE DEPARTMENT WAS ALSO PRESENT. THE CONTACT REFUSED TO BE TRANSPORTED THE HOSPITAL.

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.



Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236

www.safercar.gov

National Highway Traffic Safety Administration

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

OWNER INFORMATION (Type or Print)

Name: [Redacted] Routine Telephone Number: [Redacted]

Street: [Redacted] Apt. No.: [Redacted]

City: Salinas State: CA Zip Code: [Redacted] 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 your vehicle.

Signature of Owner _____ Date 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side: 1GNDX03E41

Make: Chevrolet Model: Venture Year: 2001 Current Mileage: 106000

Date Purchased: 9-Nov-05 Dealer's Name and Telephone Number: Mike's auto sales (831) 759-2800 Engine: _____ Fuel Type: Diesel Hybrid Gas Other

Original Owner Dealer's City: Salinas State: _____ Zip Code: _____ No. Cylinders: 6

Transmission Type: Manual Automatic

Powertrain: All-Wheel Drive Rear-Wheel Drive Front-Wheel Drive Four-Wheel Drive

Antilock Brakes: Cruise Control:

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name: _____ Incident Date(s): 1-Julio-06 Failure Mileage: 106000 Failure Speed: 35 Failure Location: Driver Passenger Front Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: _____ Tire Model/Line: _____ Tire Name: _____ Tire Size (Example: P215/65R1105): _____

Failed Structure: Tread Sidewall Bead DOT No. (Example: DOT MAL9ABC036 on sidewall): _____ 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: _____ Date Manufactured: _____ Model Number and Name: _____

Seat Type: Infant Booster Integrated Convertible Other

Failed Part. Describe Failure Below: Base Harness/Buckle LATCH Connector Shell Handle Other

Installed in Vehicle using the: Vehicle safety belt LATCH system*
*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: _____ Police Report No.: Y

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

I iba por la Market st en el carril izquierdo cuando pasando el semaforo de la Hebrant como a unos 10 metros un acura azul marino se dio la vuelta en U provocando que lo impactara y segundos mas un truck que venia en el mismo carril que yo me impacto en el lado derecho desde la llanta trasera hacia ala puerta del copiloto provocando que le voluera a impactar con mi ldo trasero al acura azul marino.

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



City of Salinas
POLICE DEPARTMENT
 222 Lincoln Avenue
 Salinas, California 93901
 (831) 758-7235

Police Report

06-070041 1

CASE NUMBER SUPPLEMENT

CODE SECTION(S) nc 12500(a) CVC 16028(a) CVC 4000(a)(1) CVC	CRIME(S) Non-Crime Unlicensed Driver No Insurance Unregistered Vehicle On Roadway	CLASSIFICATION(S) Accident-Traffic
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LOCATION OF OCCURRENCE (STREET #, STREETNAME, APARTMENT # OR INTERSECTION) E MARKET ST & N HEBBRON AVE	PRD 052
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DATE / TIME / DAY OCCURRED (FROM) 07-01-06 / 18:06 / Saturday	DATE / TIME / DAY OCCURRED (THROUGH) 07-01-06 / / Saturday	DATE / TIME REPORTED 07-01-06 / 18:06 / Saturday
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SUSPECT #1 - 344320									
SUSPECT'S NAME - LAST, FIRST, MIDDLE [REDACTED]	RACE H	SEX M	DATE OF BIRTH 11-21-77	AGE 28	HEIGHT 5'5"	WEIGHT 130	BUILD	HAIR BLK	EYES BRN
SUSPECT'S RESIDENCE ADDRESS [REDACTED]	PHONE	SUSPECT'S BUSINESS ADDRESS (SCHOOL IF JUVENILE)					BUSINESS PHONE		

CITATION DATE 07-01-06	WARRANT REQUEST	DRIVER'S LICENSE [REDACTED]	CODE SECTION(S) nc 12500(a) CVC 16028(a) CVC 4000(a)(1) CVC	CLASSIFICATION(S) Accident-Traffic
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SUSPECT VEHICLE #1						
YEAR 1989	MAKE Acura	MODEL LEGEND	COLOR / COLOR BLU	TYPE	LICENSE NUMBER / VIN [REDACTED]	LICENSE STATE CA
ADDITIONAL VEHICLE IDENTIFIERS					TOWED? Y	TOWING COMPANY

NARRATIVE - OFFICER 69305
Parsons, Ian

FACTS

NOTIFICATION:

On 7/1/06 at 1806 hours I contacted D-2 [REDACTED]. She reported a non-injury traffic collision which occurred near the intersection of E. Market St. and N. Hebbbron.

STATEMENTS:

D-1 [REDACTED] stated he was making a left-hand turn into the business on the corner of E. Market St. and Hebbbron and did not see the cars coming.

D-2 [REDACTED] stated that she was eastbound on E. Market St. passing through the green light at the intersection of Hebbbron and Market when D-1 [REDACTED] made the left-hand turn in front of her. She stated she was not able to stop in time and collided with the vehicle. She stated that she was then struck by D-3 [REDACTED].

D-3 [REDACTED] stated that he was eastbound on E. Market St. when a traffic collision occurred in front of him. He said he was not able to stop in time and struck D-2 [REDACTED].

OPINIONS AND CONCLUSIONS



City of Salinas
POLICE DEPARTMENT
 222 Lincoln Avenue
 Salinas, California 93901
 (831) 758-7235

Police Report

06-070041

1

CASE NUMBER

SUPPLEMENT

SUMMARY:

D-1 made a left-hand turn in front of D-2 causing her to strike him. The left-hand turn was unsafe and did not yield the right of way to D-2. D-3's collision into D-2 was a result of D-2 being spun by the impact of D-1 into his path. There were no injuries.

CAUSE:

D-1 caused this collision by making an unsafe left turn.

RECOMMENDATIONS:

Case closed.

██████████ was cited on Salinas Police Department citation #SA74145 for unlicensed driver, no proof of insurance and expired registration.

ITEM# ATTACHMENTS
 1 CITE

RELATED REPORTS

★ FILE ★
 [Handwritten signature]

OFFICER ID 69305	INVESTIGATING OFFICER Parsons, Ian	CONTACT CARD ISSUED Y	TYPED BY wendym	DATE / TIME / DAY TYPED 07-20-06 / 15:46 / Thursday					
Field Operations	Div. Com	Inv.	Polygraph	Briefing Info.	SPD Administration	SHD	CCAP		
DA	CT	Pub. Def.	Prob.	STAT	CII	FBI	ATF	City Att.	AV
Pub Wks	Rec/Park	Risk Mgt.	Fire	City Pers	Traffic Engineer	Other			

17

SPECIAL CONDITIONS		NUMBER INJURED <input checked="" type="checkbox"/>	HIT & RUN FELONY <input type="checkbox"/>	CITY SALINAS	JUDICIAL DISTRICT	LOCAL REPORT NUMBER			
		NUMBER KILLED <input checked="" type="checkbox"/>	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY MONTEREY	REPORTING DISTRICT	BEAT 10	06-070041		
LOCATION	COLLISION OCCURRED ON E. MARKET ST.				MO. DAY YEAR 07 01 06	TIME (2400) 1806	NCIC # 2708	OFFICER I.D. 69305	
	MILEPOST INFORMATION				DAY OF WEEK S M T W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE		
	AT INTERSECTION WITH N. HEBBRON				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PARTY 1	DRIVER'S LICENSE NUMBER UNLICENSED	STATE N/A	CLASS N/A	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 89	MAKE/MODEL/COLOR ACURA/LEGEND/BLUE	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP SALINAS, CA [REDACTED]				DISPOSITION OF <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 505	WEIGHT 130	BIRTHDATE Mo. Day Year 11 21 77	RACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE NONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER NONE		POLICY NUMBER N/A			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA [REDACTED]
DIR OF TRAVEL S/B		ON STREET OR HIGHWAY E. MARKET ST.		SPEED LIMIT N/A		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
PARTY 2	DRIVER'S LICENSE NUMBER [REDACTED]	STATE BAJA	CLASS	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 01	MAKE/MODEL/COLOR CHEVY/VENTURE/SILVER	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP SALINAS, CA [REDACTED]				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 505	WEIGHT 160	BIRTHDATE Mo. Day Year 12 21 79	RACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER Viking Ins.		POLICY NUMBER [REDACTED]			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA [REDACTED]
DIR OF TRAVEL E/B		ON STREET OR HIGHWAY E. MARKET ST.		SPEED LIMIT 35		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
PARTY 3	DRIVER'S LICENSE NUMBER A5580041	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 85	MAKE/MODEL/COLOR FORD/EDONLINE 350/WHITE	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY/STATE/ZIP SALINAS, CA [REDACTED]				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICYCLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 507	WEIGHT 140	BIRTHDATE Mo. Day Year 01 11 71	RACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE [REDACTED]		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER FARMERS		POLICY NUMBER [REDACTED]			VEHICLE TYPE W.P.C.		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA [REDACTED]
DIR OF TRAVEL E/B		ON STREET OR HIGHWAY E. MARKET ST.		SPEED LIMIT 35		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____	
PREPARER'S NAME PARSONS			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME TARS			DATE REVIEWED

JUL 20 2006

JUL 20 2006



