



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

05-SEP-2006 01:20

Reference No.  
10167407

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City AUSTIN State TX Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

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 authorized manufacturer name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 9/14/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1J4GW58N34C \_\_\_\_\_ Make JEEP Model GRAND CHEROKEE Model Year 2004  
Date Purchased 01-DEC-03 Dealer's Name and Telephone Number \_\_\_\_\_ Engine: No. Cylinders 6-5 Fuel Type: Gas  
Original Owner  Dealer's City \_\_\_\_\_ State TX Zip Code \_\_\_\_\_  
Transmission Type AUTOMATIC  Antilock Brakes Powertrain 4 WHEEL DRIVE Vehicle Component Code 140000 AIR BAGS  
 Cruise Control Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 26-AUG-2006 Failure Mileage 21,524 Failure Speed 45

**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: DOTMA19ABC035)  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 Fine  Yes  No Number of Persons Injured 2 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).

DOT: THE CONTACT STATED THE VEHICLE WAS INVOLVED IN A HEAD ON COLLISION AT 45 MPH AND THE AIRBAGS DID NOT DEPLOY. BOTH PASSENGERS IN THE VEHICLE SUSTAINED INJURIES. THE AIRBAG WARNING LIGHT WAS NOT ILLUMINATED AND SEAT BELTS WERE WORN BY BOTH PASSENGERS. A POLICE REPORT WAS TAKEN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 an 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)**

We were traveling west on 281 north of Austin when a car coming from the opposite direction turned in front of us. We collided with him head-on in our car and broadside into his car. Neither air bag deployed in our 2004 Ford Focus. My wife has received a fractured vertebrae in her neck. We believe the impact would have been less if the air bags had deployed. We both incurred knee injuries. Our car is a total loss.

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

AUSTIN TX 787

18 SEP 2006 PM 5 T



**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73175 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?

Use the form or visit [www.safercar.gov](http://www.safercar.gov)

888-327-4242

Vehicle Safety  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

TEXAS POLICE OFFICER'S CRASH REPORT CRF-5 (Rev. 01/06) (Continuation of Crash Report) This report may be submitted via the CPMS Web Page. Alternatively, submit via JARAR mailed to the TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4887, AUSTIN TX 78768-0887. Please see the CPMS instructions to Police for more details regarding these submission methods or call the CPMS Helpdesk at 1-800-452-4629.

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

PLACE WHERE CRASH OCCURRED \_\_\_\_\_  
 COUNTY TRAVIS CITY OR TOWN AUSTIN LOG# \_\_\_\_\_  
 IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN \_\_\_\_\_ MILES  N  S  E  W OF \_\_\_\_\_  
 DATE OF CRASH AUGUST 26 2006 DAY OF WEEK SATURDAY HOUR 20:35  AM  PM IF EXACTLY MIDNIGHT OR NEARBY, SO STATE

ROAD ON WHICH CRASH OCCURRED W. SLAUGHTER LN CONSTRUCTION ZONE WORKERS PRESENT  YES  NO SPEED LIMIT \_\_\_\_\_  
 BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER OR STREET CODE \_\_\_\_\_  
 INTERSECTING STREET OR AN S'ING NUMBER ESCAPMENT BLVD CONSTRUCTION ZONE WORKERS PRESENT  YES  NO SPEED LIMIT \_\_\_\_\_  
 BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER OR STREET CODE \_\_\_\_\_  
 NOT AT INTERSECTION  N  S  E  W OF \_\_\_\_\_  
 REPORT LATITUDE \_\_\_\_\_ LONGITUDE \_\_\_\_\_

DATE OF CRASH AUGUST 26 2006 DAY OF WEEK SATURDAY HOUR 20:35  AM  PM IF EXACTLY MIDNIGHT OR NEARBY, SO STATE

VEHICLE 1  1-MOTOR VEHICLE 4-PEDICULAR 7-NO CONTACT 8-OTHER 1PES46C6YD ALTERED VEHICLE HEIGHT  YES  NO  
 2-TRUCK 5-MOTORIZED CONVEYANCE 8-OTHER  
 3-PEDALCYCLIST 9-TOWED  
 YEAR MODEL 00 COLOR & MAKE WINE PLYM BODY NAME NEON BODY STYLE 4DR LICENSE PLATE # \_\_\_\_\_  
 DRIVER'S NAME \_\_\_\_\_ ADDRESS (STREET, CITY, STATE, ZIP) AUSTIN, TX PHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE TX C 4-15-89 LICENSE STATUS 1 1-VALID 2-REVOKED 3-SUSPENDED 4-RENEWED 5-CANCELLED  
 DRIVER'S ETHNICITY 1 1-WHITE 4-ASIAN 5-OTHER 2-HISPANIC 3-OTHER SEX  MALE  FEMALE OCCUPATION STUDENT POLICE, FIREFIGHTER, EMS, OR EMERGENCY  # OTHER (PLEASE SPECIFY IN REMARKS)

TYPE OF ALCOHOL SPECIMEN TAKEN 4 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN 4 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS \_\_\_\_\_ DRUG CATEGORY \_\_\_\_\_  
 LICENSE OWNER  DRIVER  OTHER \_\_\_\_\_ ADDRESS (STREET, CITY, STATE, ZIP) AUSTIN, TX

LIABILITY INSURANCE  YES  NO STATE FARM F&S POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING RP3

VEHICLE 2  1-MOTOR VEHICLE 4-PEDICULAR 7-NO CONTACT 8-OTHER J46W59N134 ALTERED VEHICLE HEIGHT  YES  NO  
 2-TRUCK 5-MOTORIZED CONVEYANCE 8-OTHER  
 3-PEDALCYCLIST 9-TOWED  
 YEAR MODEL 04 COLOR & MAKE GOLD/JEEP BODY NAME CHEROKEE BODY STYLE LL LICENSE PLATE # \_\_\_\_\_  
 DRIVER'S NAME \_\_\_\_\_ ADDRESS (STREET, CITY, STATE, ZIP) AUSTIN, TX PHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE TX C 02-19-44 LICENSE STATUS 1 1-VALID 2-REVOKED 3-SUSPENDED 4-RENEWED 5-CANCELLED  
 DRIVER'S ETHNICITY 1 1-WHITE 4-ASIAN 5-OTHER 2-HISPANIC 3-OTHER SEX  MALE  FEMALE OCCUPATION BUSINESS OWNER POLICE, FIREFIGHTER, EMS, OR EMERGENCY  # OTHER (PLEASE SPECIFY IN REMARKS)

TYPE OF ALCOHOL SPECIMEN TAKEN 4 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN 4 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS \_\_\_\_\_ DRUG CATEGORY \_\_\_\_\_  
 LICENSE OWNER  DRIVER  OTHER \_\_\_\_\_ ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

LIABILITY INSURANCE  YES  NO CONSUMERS COUNTY MUTUAL POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING FD3

DAMAGE TO PROPERTY OTHER THAN VEHICLES \_\_\_\_\_

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 \_\_\_\_\_ CITATION \_\_\_\_\_  
 NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION \_\_\_\_\_

TIME NOTIFIED OF CRASH 8/26/06 20:35 HOW DESPATCHED TIME ARRIVED AT SCENE 8/26/06 20:44 DATE OF REPORT 8-26-06  
 TYPE OF PRINTED NAME OF INVESTIGATOR B RAMIREZ ID# 2460 AGENCY AUSTIN P.D. DISTRICT D8 REPORT COMPLETE  YES  NO

<b>SEAT POSITION</b> 1-FRONT SEAT 2-FRONT SEAT 3-FRONT SEAT 4-FRONT SEAT 5-FRONT SEAT 6-FRONT SEAT 7-FRONT SEAT 8-FRONT SEAT 9-FRONT SEAT 10-FRONT SEAT	<b>SEAT BELT USE</b> 1-NO SEAT BELT 2-SEAT BELT 3-SEAT BELT 4-SEAT BELT 5-SEAT BELT 6-SEAT BELT 7-SEAT BELT 8-SEAT BELT 9-SEAT BELT 10-SEAT BELT	<b>REINSTRUMENT</b> 1-NO REINSTRUMENT 2-REINSTRUMENT 3-REINSTRUMENT 4-REINSTRUMENT 5-REINSTRUMENT 6-REINSTRUMENT 7-REINSTRUMENT 8-REINSTRUMENT 9-REINSTRUMENT 10-REINSTRUMENT	<b>EJECTED</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>REINSTRUMENT USED</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>REINSTRUMENT</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>AIR BAG</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>HELMET USE</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>ALIEN REENTRY</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES
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**1** TOWED DUE TO  YES  NO **DISABLING DAMAGE**  YES  NO VEHICLE REMOVED TO **201 RALPH ABRAVEDO** BY **HARPOUS TOURNE**

TIME	DATE	COMPLETE ALL BOXES ON ALL OCCUPANTS NAME, POSITION, SEATBELT USE, ETC. INDICATE IF A SEAT BELT WAS USED OR NOT. INDICATE IF SEATBELT WAS USED OR NOT. INDICATE IF SEATBELT WAS USED OR NOT.	PL	LN	SEAT	POS	SEAT	POS	SEAT	POS	SEAT	POS
1			N	1	1	2	4	17	M	B		
2												
3												
4												
5												

**2** TOWED DUE TO  YES  NO **DISABLING DAMAGE**  YES  NO VEHICLE REMOVED TO **8917 CIRCLE DR** BY **PEARIS TOURNE**

TIME	DATE	COMPLETE ALL BOXES ON ALL OCCUPANTS NAME, POSITION, SEATBELT USE, ETC. INDICATE IF A SEAT BELT WAS USED OR NOT. INDICATE IF SEATBELT WAS USED OR NOT. INDICATE IF SEATBELT WAS USED OR NOT.	PL	LN	SEAT	POS	SEAT	POS	SEAT	POS	SEAT	POS
1			N	1	1	3	4	62	M	B		
2			N	1	1	3	4	61	F	B		
3												
4												
5												

PL	LN	SEAT	POS	SEAT	POS	SEAT	POS	SEAT	POS

**DISPOSITION OF KILLED OR INJURED**

NO.	NAME	IF AVAILABLE, RACE, SEX, AGE	IF AVAILABLE, RACE, SEX, AGE	IF AVAILABLE, RACE, SEX, AGE	IF AVAILABLE, RACE, SEX, AGE	IF AVAILABLE, RACE, SEX, AGE
1	SOUTH ALTON COMM. HOSP					
7						

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

NO.	DATE OF BIRTH	TYPE OF DEATH	SEX	DATE OF DEATH	TYPE OF DEATH	NO.	DATE OF BIRTH	TYPE OF DEATH	SEX	DATE OF DEATH	TYPE OF DEATH
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**VEH #1 WAS FIR ON W. SLAUGHTER AND TOURNE HIT ON REAR END BLUE. VEH #2 WAS W/B ON W. SLAUGHTER. VEH #1 RYAN AND THE VEH'S. COLLIDED.**

**W. SLAUGHTER IN**

**FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION**

NO.	DESCRIPTION OF FACTOR OR CONDITION	NO.	DESCRIPTION OF FACTOR OR CONDITION	NO.	DESCRIPTION OF FACTOR OR CONDITION
1	33				

<b>VEHICLE DEFECTS</b> 1-NO DEFECTS 2-DEFECTS 3-DEFECTS 4-DEFECTS 5-DEFECTS 6-DEFECTS 7-DEFECTS 8-DEFECTS 9-DEFECTS 10-DEFECTS	<b>TRAFFIC CONTROL</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>ROADWAY RELATED</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES
<b>PARTS OF THE ROADWAY</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>TYPE OF ROAD SURFACE</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>WEATHER</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES
<b>VEHICLE DEFECTS</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>TRAFFIC CONTROL</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>ROADWAY RELATED</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES
<b>PARTS OF THE ROADWAY</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>TYPE OF ROAD SURFACE</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES	<b>WEATHER</b> 1-NO 2-YES 3-YES 4-YES 5-YES 6-YES 7-YES 8-YES 9-YES 10-YES

**AREA OF IMPACT**

18' S OF N C OF  
W. SLAUGHTER CN.  
21' W OF E C OF  
ESCARPMENT BLVD.

**ROADWAY WIDTH'S**

N/S ROADWAY	76
NO. TRAFFIC LANES	5
EW ROADWAY	80
NO. TRAFFIC LANES	5

**SKID MARKS**

1.	To Impact	/
	From Impact	/
2.	To Impact	/
	From Impact	/

**WITNESS NAME****ADDRESS****HOME PHONE****WORK PHONE**

- |    |            |                     |            |
|----|------------|---------------------|------------|
| 1. | [REDACTED] | [REDACTED] RYCE, TX | [REDACTED] |
| 2. |            |                     |            |
| 3. |            |                     |            |
| 4. |            |                     |            |
| 5. |            |                     |            |

**WITNESS DESCRIPTION OF WHAT HAPPENED:** WE WERE BEHIND THE GOLD JEEP.  
WE WERE GOING WYS AND HAD THE GREEN LIGHT. THE WHITE CAR  
TURNED LEFT IN FRONT OF THE JEEP.

**DRIVER'S DESCRIPTION OF WHAT HAPPENED:**



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Consumer:

NVS-216 naj

As a result of your recent report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the driver's door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the out side. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Alberto A. Jimenez, Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosure: VOQ



DOT AUTO SAFETY HOTLINE  
888-DASH-2-DOT  
888-327-4236