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 ☐
10-JAN-2007	Reference No. 10178332

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City WELTON	State AZ	Zip Cod [redacted]	

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Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GCGK13U4I [redacted]	CHEVROLET	SILVERADO 1500 HD	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
15-AUG-01	Fisher		623 736 6502	No: Cylinders	Gas
Original Owner ☒	Dealer's City	State	Zip Code	8	GAS
	Tempe	AZ	85284		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	221200 SEATS:FRONT ASSEMBLY:RECLINER Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-DEC-2006		0	

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	0	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).

TL* -THE CONTACT STATED THE VEHICLE WAS PARKED ON THE HIGHWAY WHEN IT WAS REAR ENDED BY ANOTHER VEHICLE. THE FORCE OF THE COLLISION CAUSED THE PASSENGER TO STRIKE THE DASHBOARD. THE CONTACT STATED THAT THE SEAT BELT DID NOT RESTRAIN THE PASSENGER. AN INSPECTOR FROM GMC INSPECTED THE VEHICLE AND FOUND NOTHING WRONG WITH THE SEAT BELT. *AK

The seatbelt failed five out of six pulls by the inspector.

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

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

The seatbelt was replaced by The Smitty body shop with authorization from Ted Evens at GMC.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS

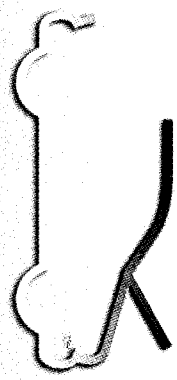
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214

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

www.nhtsa.gov

NHTSA

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

DEC 10 2006 0117

ADOT USE ONLY

ARIZONA TRAFFIC ACCIDENT REPORT

REPORT ID

Agency Report Number: 2006-0660051

1 POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 064R, 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICERS ID NO.
06	12	04	0921	07991	06603

Total No. of Sheets: 2

COMPLETE THE FOLLOWING SUPPLEMENT IF ANY ◐ (circle) AND ANY ◇ (diamond) ARE CHECKED

2 Total Units: 3 | Total Injuries: 1 | Total Fatalities: 0 | Estimated Total Damage Compared to Limit: ☐ Over ☐ Under | ☐ Fatal ☐ Hit/Run ☐ Govt. Prop. | ☐ Persons Transported for Immediate Medical Care? | ☐ Tow Away of At Least One Vehicle from Scene? | District or Grid No.: Central

3 LOCATION

On Highway/Road / Street: SB I17 | ☐ Inside ☐ Outside | City: PHX | County: MARICOPA

Intersecting Street, Road / M.P. or R.P. | ☐ At ☐ From: 204.9 | ☐ North ☐ South ☐ East ☐ West | ☐ Plus ☐ Minus | Distance | ☐ Measured ☐ Approximate | ☐ Miles ☐ Feet

4 TRAFFIC UNIT NO. 1

State	Class	End.	DL #	SSN	Both	Driver / Pedestrian / Pedalcyclist	Name	Sex	Inj
AZ	D		B12986203				[redacted]	m	1

Restrictions | Date of Birth: 2/3/74 | Address: [redacted] | City: Glendale | State: AZ | Zip Code: [redacted] | Telephone Number: [redacted]

Plate Number: CE08245 | State: AZ | Year: 10/07 | ☐ Same as Driver | Owner/Carrier Name: [redacted] | Address: [redacted] | City: PHX | State: AZ | Zip Code: [redacted]

Body Style: F350 | ◇ Bus (9 or more seats) | Make: FORD | Color: WHI | Year: 1985 | VIN: 2FDJF37131[redacted] | Safety Device Code: 3

Removed to: Destination | ☐ Disabled ☐ Not Disabled | Removed by: Driver | Orders of: Driver | Posted Speed Limit: 55 | Ofc Est Speed

Insurance Company: Westfield | Policy No.: [redacted] | Eff Date / Exp Date: 2/06 - 2/07

Trailer (Other Unit) Plate No. | State | Year | Description of Trailer or Other Unit | GVW (Registered) of Power Unit Greater than 10k pounds? ◇ Yes ☐ No | HazMat Placard? ◇ Yes ☐ No 4-Digit 1-Digit | Was HazMat Cargo Released? ☐ Yes ☐ No

4 TRAFFIC UNIT NO. 2

State	Class	End.	DL #	SSN	Both	Driver / Pedestrian / Pedalcyclist	Name	Sex	Inj
CA	C		[redacted]				[redacted]	m	1

Restrictions | Date of Birth: 11/4/50 | Address: 241 N Fairview St | City: Burbank | State: CA | Zip Code: [redacted] | Telephone Number: [redacted]

Plate Number: WC CYN26 | State: AZ | Year: 8/07 | ☐ Same as Driver | Owner/Carrier Name: [redacted] | Address: [redacted] | City: [redacted] | State: [redacted] | Zip Code: [redacted]

Body Style: PU | ◇ Bus (9 or more seats) | Make: Chev | Color: BRN | Year: 01 | VIN: 1G[redacted] | Safety Device Code: 3

Removed to: Destination | ☐ Disabled ☐ Not Disabled | Removed by: Driver | Orders of: Driver | Posted Speed Limit: 55 | Ofc Est Speed

Insurance Company: Allstate | Telephone Number: 428-782-7500 | Policy Number: BINDER | Eff Date / Exp Date: 11/6 - 5/07

Trailer (Other Unit) Plate No. | State | Year | Description of Trailer or Other Unit | GVW (Registered) of Power Unit Greater than 10k pounds? ◇ Yes ☐ No | HazMat Placard? ◇ Yes ☐ No 4-Digit 1-Digit | Was HazMat Cargo Released? ☐ Yes ☐ No

4 TRAFFIC UNIT NO. 3

State	Class	End.	DL #	SSN	Both	Driver / Pedestrian / Pedalcyclist	Name	Sex	Inj
AZ	D		B11977248				[redacted]	m	

Restrictions | Date of Birth: 3/21/76 | Address: [redacted] | City: [redacted] | State: AZ | Zip Code: 85303 | Telephone Number: [redacted]

Plate Number: CC98840 | State: AZ | Year: 2/07 | ☐ Same as Driver | Owner/Carrier Name: Dennis Sage | Address: [redacted] | State: [redacted] | Zip Code: 85029

Body Style: VN | ◇ Bus (9 or more seats) | Make: FORD | Color: WHT | Year: 2004 | VIN: 1FTNE24L3[redacted] | Safety Device Code:

Removed to: Destination | ☐ Disabled ☐ Not Disabled | Removed by: Driver | Orders of: Driver | Posted Speed Limit: 55 | Ofc Est Speed

Insurance Company: Nationwide | Telephone Number: [redacted] | Policy Number: ACP7003[redacted] | Eff Date / Exp Date: 7/05 - 7/06

Trailer (Other Unit) Plate No. | State | Year | Description of Trailer or Other Unit | GVW (Registered) of Power Unit Greater than 10k pounds? ◇ Yes ☐ No | HazMat Placard? ◇ Yes ☐ No 4-Digit 1-Digit | Was HazMat Cargo Released? ☐ Yes ☐ No

5 PASSENGERS

Seating Position

07	04	01
08	05	02
09	06	03

10 Not in Passenger Compart | 11 Motorcycle, Bus | 12 Other | 13 Unknown | 14 Pedalcyclist

Safety Devices: 1 None used | 2 Lap belt | 3 Lap & shoulder | 4 Airbag deployed | 5 Child restraint | 6 Protective helmet | 7 Passive belt | 8 Passive & lap | 9 Other | 0 Unknown

Injury Severity Codes: 1 - No injury | 2 - Possible Injury | 3 - Non Incapacitating Injury | 4 - Incapacitating Injury | 5 - Fatal Injury | 6 - Not Reported / Unknown

Unit #	Seat Pos	SD	Name	Address	City	State	Zip Code	Age	Sex	Inj
3	7	3	Shane Sikorski	922 W Aspen Way	Gilbert	AZ	85233	31	m	1
2	7	3	ALBEY Clayton	22645 Wells St	Wellton	AZ	85356	78	m	2
2	9	3	MACY CLAYTON	SAME				67	F	2
2	3	3	Edna Clingerman	241 N Fairview	Burbank	CA	91505	57	F	2

6 Other Property Damage (Describe)

Owner's Name | Address | City | State | Zip Code | Telephone Number

7 WITNESSES

Name	Address	City	State	Zip Code	Telephone Number	Age

8

Photos ☐ Yes Taken ☑ No | Photographer's Name, ID Number, and Agency | Invest. at Scene ☑ Yes ☐ No | Date Invest. 12/4/06 | Time Invest. 0922

Officer's Signature and ID Number: D Pelan | Agency: AZDPS | Date Completed: 12/4/06

01-2703 R08/00

Form # PHOENIX FIRE DEPARTMENT EMS INCIDENT REPORT See Supplement [ ] Triage #

INCIDENT NUMBER YEAR	NUMBER	CITY	COMPANY REPORTING	SHIFT	ALARM DATE M M D D	UNITS PROVIDING CARE	UNITS PROVIDING CARE	TRANS UNIT
06	325368	P	R26	B	1204	R-26		

ADDRESS

EMT/CEP # A: | EMT/CEP # B:

TIMES APPROXIMATE DISP	PT CONTACT	LV HOSP	AT HOSP	PT TRANSFER
0928				

EMT/CEP # C: | EMT/CEP # D:

SERVICE DELIVERED: NE [ ] BLS [X] ALS [ ] HOSPITAL [ ] REASON [ ] REFUSAL [X] RELEASE [ ]

NAME [redacted] AGE SEX WT DOB 7-22-48 SSN

ADDRESS [redacted]

CITY BURBANK STATE CAL. ZIP [redacted]

PMH CARDIAC [ ] HBP [ ] CVA [ ] RESP [ ] SEIZ [ ] DIAB [ ]

CA [ ] PREG [ ] G___ P___ DUE DATE / LMP

DENIES [ ]

RX/S DENIES [ ] [redacted]

ALLERGIES DENIES [ ] PCN

DR/GROUP

APPX TIME:				
BP	132/84	/	/	/
PULSE	110			
RESP	16			
SKIN	WDP			
PUPILS	PEARL			
GCS / ETCO2	/	/	/	/
CAP RFL				
PULSE OX	RA			

C/C SLIGHT PAIN TO L-BACK ONSET TIME PAIN NONE [ ] MIN [ ] MOD [ ] SEVERE [ ] 1:10 SCALE

HPI/MOI

PT INVOLVED MINOR MVA MINOR DAMAGE TO FT AND BACK TO VEH. PT WAS REST- NO AIR BAG DEPLOYMENT PT REFUSING TO GO TO HO, PT ST HAS MINOR PAIN TO L-BACK, PT TAKES MEDS FOR BACK PAIN.

CLINICAL FINDINGS | REPORTED HISTORY OF

LOC AWAKE [X] ALERT [X] ORIENTED PERSON [X] PLACE [X] TIME [X] EVENTS [X] | UNCON YES [ ] NO [X] UNK [ ] NEAR SYNCOPE YES [ ] NO [X] UNK [ ]

NO CLINICAL FINDINGS PT'S STATED NEEDS

HEAD/FACE BRUISE TO R-EYE, SWOLLEN LIP

[X] NECK

[X] CHEST

[X] ABD

[X] PELVIS

[X] EXT

BACK SLIGHT PAIN TO LOWER BACK

UNIT/EMT/CEP#	APPX TIME	TREATMENT / PROCEDURE	RESPONSE TO TREATMENT
		O2 @ ___ LM NASAL CANNULA [ ] SIMPLE MASK [ ] CPAP [ ] BVM [ ]	
		EKG	
		IV:	
MURUATO	0945	R-26 TX VITALS	

HOSPITAL COMMUNICATION

CN > RF [ ] PATCH > AB [ ]

PATCH > RF [ ] CN > PATCH [ ]

CONTACT PERSON RN [ ] DR [ ] ADMIN BASE

HOSPITAL DIVERSION? YES [ ] NO [ ]

NFO [ ] PHYSICIAN'S ORDERS [ ]

MISCELLANEOUS PROCEDURES

BLOOD GLUCOSE mg/dl

BLOOD GLUCOSE mg/dl

FULL SPINE IMMOB YES NO

STATUS O/A HOSP: CHANGED [ ] UNCHANGED [ ] EKG: CHANGED [ ] UNCHANGED [ ] INTUBATION YES [ ] NO [ ] IV PATENT O/A HOSP? YES [ ] NO [ ] TOTAL FLUIDS

(PRINT) EMT [X] CEP [ ] MURUATO | EMT / CEP ACCEPTING PATIENT | RN / DR ACCEPTING PATIENT | RN / PHARM. EXCHANGING DRUGS

CITY OF PHOENIX, ARIZONA