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 2008 APR 30
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received AM 7: 13 23-JUL-2007	**Repository** ☐ Reference No. 10197282

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City CEDAR CITY	**State** UT	**Zip Code** [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 [redacted] Date 4/29/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4TAWN72N3YZ[redacted]	TOYOTA	TACOMA	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04-APR-05	VALLEY CAR CORAL			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City CEDAR CITY	State UT	Zip Code		

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
26-MAR-2007	113000	20

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).

TL*THE CONTACT OWNS A 2000 TOYOTA TACOMA. THE CONTACT WAS INVOLVED IN A HEAD ON CRASH. THE ONCOMING VEHICLE WAS DRIVING 40 MPH AND THE CONTACT WAS DRIVING 20 MPH. THE AIR BAGS FAILED TO DEPLOY. WHEN THE CONTACT NOTIFIED TOYOTA OF THE CRASH AND FAILURE, THEY STATED THAT IT WAS NOT A FRONTAL CRASH, WHICH IS WHY THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUFFERED INJURIES TO HIS UPPER BACK AND NECK ALONG WITH SHOOTING PAIN DOWN HIS LEFT ARM. THE CONTACT STATED THAT HE WOULD NOT HAVE BEEN AS INJURED, IF THE AIR BAGS DEPLOYED. A POLICE REPORT WAS FILED AND BOTH VEHICLES WERE DESTROYED. THE CURRENT AND FAILURE MILEAGES WERE 113,000.

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

DI-9 Rev. 09/06

DI 9 STATE OF UTAH INVESTIGATING OFFICER'S REPORT OF TRAFFIC CRASH DI 9

Page 1 of 2

TIME

Date of Crash: Month 3 / Day 26 / Year 07

Day of Week: 1 S | 2 M | 3 T | 4 W | 5 T | 6 F | 7 S

Military Time: 17:56

DLD Number:

LOCATION

PLACE WHERE CRASH OCCURRED: County Code 21

City or Town of Jurisdiction: Cedar City

If crash was outside city limits indicate distance from city limits or nearest town: Miles 3900 N S E W of City or Town

ROAD, STREET, HWY CRASH OCCURRED: Street Name or Highway Number

UDOT USE ONLY

1. AT THE INTERSECTION WITH

2. IF NOT AT INTERSECTION 200 Feet N S E W of 820 N (Nearest intersection, street, house no., landmark)

Tenth of a mile N S E W of Mile Post (Be sure to complete if road has mile post)

Case Number: [redacted]

Latitude / Longitude

REPORTABLE CRASH: YES NO

UDOT USE

VEH # 1 (Case)

VIN#

PLATE NUMBER [redacted] | STATE | EXP DATE 4/07 (mm/yy) | COLOR grn | MAKE kia | MODEL Sephia | YEAR | OCCUPANT(S) # 1

DRIVER

FIRST [redacted] INITIAL LAST

STREET, CITY, STATE, ZIP [redacted] Cedar City, UT

PHONE ( ) [redacted]

DRIVER LICENSE: STATE [redacted] NUMBER [redacted] | CLASS D | ENDORSEMENT(S) — | RESTRICTION(S) — | DATE OF BIRTH [redacted] | AGE | CHARGE(S) Driving left of Center | CITATION #

YES NO PENDING UNKNOWN

OWNER

FIRST [redacted] INITIAL LAST

STREET, CITY, STATE, ZIP [redacted] Cedar City, UT

PHONE ( )

CARRIER

COMMERCIAL VEHICLE INFO NAME

Same as Owner

STREET, CITY, STATE, ZIP

PHONE ( )

US DOT # | CVSA INSPECTION # | GCWR / GVWR (check one): 10,000 lbs or LESS; 10,001 - 26,000 lbs; MORE THAN 26,000 lbs | HAZ MAT RELEASED YES NO | HAZ MAT PLACARD # or NAME - CLASS | CARGO CODE | CDL Presented at Scene | GOVT PERSONAL INTERSTATE INTRASTATE

1ST TRAILER LICENSE PLATE #	STATE	EXP DATE (mm/yy)	LENGTH	2ND TRAILER LICENSE PLATE #	STATE	EXP DATE (mm/yy)	LENGTH	3RD TRAILER LICENSE PLATE #	STATE	EXP DATE (mm/yy)	LENGTH
		/				/				/	

SPEED	POSTED	POSTED ADVISORY	EST TRAVEL	EST IMPACT	ESTIMATED BY: Officer, Driver, Occupant, Witness, None	SEQUENCE OF EVENTS (Codes 01 - 89, 96)	FIRST EVENT	SECOND EVENT	THIRD EVENT	FOURTH EVENT	MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69)
							03				03

VEHICLE DAMAGE: ESTIMATED DAMAGE $1 - $999; NO DAMAGE; $1,000 or MORE

INSURANCE COMPANY: AAA Insurance | EFFECTIVE DATE 11/1/06 | EXPIRATION DATE 5/1/07 | POLICY NUMBER [redacted]

INSURANCE APPEARS VALID YES NO | AGENCY/AGENT THAT SOLD POLICY: Agent ID# [redacted] | ADDRESS | PHONE [redacted]

VEH # 2

VIN#

PLATE NUMBER [redacted] | STATE UT | EXP DATE 3/08 (mm/yy) | COLOR Whi | MAKE Toyota | MODEL Tacoma | YEAR 2000 | OCCUPANT(S) # 1

DRIVER

FIRST [redacted] INITIAL LAST

STREET, CITY, STATE, ZIP [redacted] Cedar City, UT

PHONE ( )

DRIVER LICENSE: STATE UT NUMBER [redacted] | CLASS D | ENDORSEMENT(S) — | RESTRICTION(S) — | DATE OF BIRTH [redacted] | AGE 21 | CHARGE(S) Suspended DL | CITATION #

YES NO PENDING UNKNOWN

OWNER

FIRST [redacted] INITIAL LAST

STREET, CITY, STATE, ZIP [redacted] Cedar City, UT

PHONE ( )

CARRIER

COMMERCIAL VEHICLE INFO NAME

Same as Owner

STREET, CITY, STATE, ZIP

PHONE ( )

US DOT # | CVSA INSPECTION # | GCWR / GVWR (check one): 10,000 lbs or LESS; 10,001 - 26,000 lbs; MORE THAN 26,000 lbs | HAZ MAT RELEASED YES NO | HAZ MAT PLACARD # or NAME - CLASS | CARGO CODE | CDL Presented at Scene | GOVT PERSONAL INTERSTATE INTRASTATE

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		/				/				/	

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INSURANCE APPEARS VALID YES NO | AGENCY/AGENT THAT SOLD POLICY: Agent ID# [redacted] | ADDRESS | PHONE [redacted]

Work Zone? Yes No Unknown

Total # of Lanes on Roadway 2

Damage to Property Other than Vehicles (Name object and state nature)

Workers Present? Yes No Unknown

Vehicles Involved 2

Name and Address of Owner of Object Struck | Phone ( )

PROPERTY DAMAGE ESTIMATE: $1,000 OR MORE; LESS THAN $1,000

WITNESSES

Name _____ Address _____ Phone ( )

Name _____ Address _____ Phone ( )

Law Enforcement Activity

Time Notified of Crash (Use Military Time)	Arrived at Scene	Date Notified of Crash (mm dd yy)	Investigation Completed (mm dd yy)
1756	1800	03/26/2007	03/26/2007

Field Diagram: Yes No | Video: Yes No | Photo (s): Yes No; Digital Film

ORIGINAL REPORT **ADDITIONAL PERSONS REPORT** **SUPPLEMENTAL REPORT** **AMENDED REPORT**

State Law Requires a Reportable Crash Report to be Forwarded to Dept. of Public Safety Within 10 Days Following Completion of Investigation.

Mail ORIGINAL REPORT TO: Driver License Division 4501 South 2700 West P.O. Box 236630 Salt Lake City, Utah 84123-0630

FRONT

SEATING POSITION

11 - Motorcycle Driver
21 - Motorcycle Passenger
18 - Front Row Other
28 - Second Row Other
38 - Third Row Other
48 - Fourth Row Other
50 - Sleeper Section of Cab (Truck)
51 - Enclosed Cargo Area
52 - Unenclosed Cargo Area
54 - Trailing Unit
55 - Riding on Vehicle Exterior
56 - Seating Position 11, Not Driver
57 - Right Side Driver
60 - Non-Motorist
97 - Other*
99 - Unknown

EMS Time Called: EMS Time Arrived:

Disposition of Vehicle # 1 02 TOWED BY: Allways Towing

Disposition of Vehicle # 2 02 TOWED BY: Allways Towing

PERSON(S) INVOLVED

				Person Type	Seating Position	Sex	INJURY Level	INJURY Area	INJURY Cause	Transported By	Safety Equipment	Used Property	Air Bag	Ejection	Ejection Path	Extrication
VEH # 1	DRIVER	Transported to:	BAC	01	11	M	01	00	00	01	01	01	02	00	96	01
VEH # 2	DRIVER	Transported to:	BAC	01	11	M	01	00	00	01	01	01	02	00	96	01
VEH #	Name	DOB	Age	Transported to:									BAC			
	Address	Phone ( )														
VEH #	Name	DOB	Age	Transported to:									BAC			
	Address	Phone ( )														
VEH #	Name	DOB	Age	Transported to:									BAC			
	Address	Phone ( )														
VEH #	Name	DOB	Age	Transported to:									BAC			
	Address	Phone ( )														

24 00 24 00

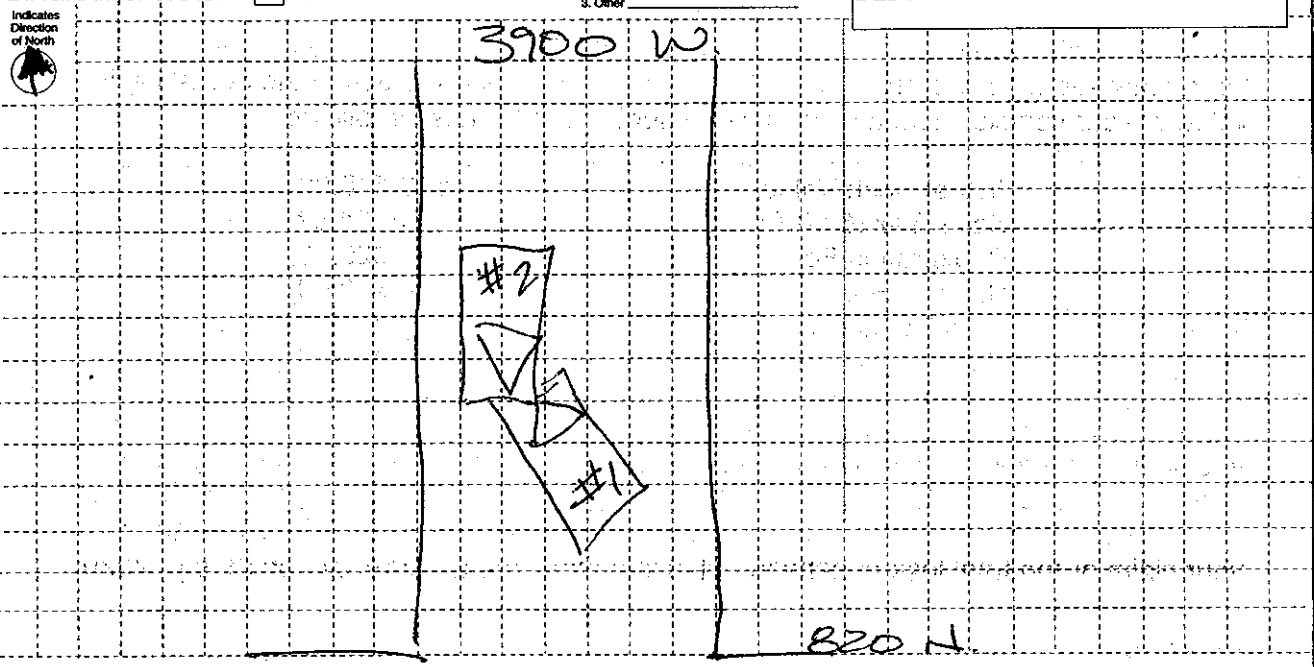
30 96

DIAGRAM of CRASH ☐ NO DIAGRAM - Reason: ____ 1. Officer not at scene 2. Vehicles moved 3. Other ____

DLD#

25 21

Indicates Direction of North



26 01

27 01

31 96

32 96

33 01

34 01

28 00

35 04

29 03

36 01

DESCRIBE WHAT HAPPENED (Refer to Vehicle by Number)

Vehicle #1 was Northbound on 3900 W. #2 was SOUTHBOUND on 3900 W. The driver of #1 stated that he saw his brother coming the other direction. He swerved into his brothers lane to "play chicken" the then lost control of the vehicle & hit his ~~vehicle~~ brothers Vehicle (#2) head on.

37 96

PRINT

OFFICER'S RANK AND NAME	I.D. #	DEPARTMENT	CASE NUMBER	SUPERVISOR'S APPROVAL	DATE OF REPORT
Cpl M Beagley	3w11	Cedar City Police	C07-01238		

AAA Insurance

AAA Insurance Company
P.O. Box 5824
Irvine, CA 92616-5824

(800) 207-3618 - Phone
(949) 852-5084 - Fax

5/22/07

[redacted]
Cedar City, UT [redacted]

RE: OUR INSURED : [redacted]
CLAIM NUMBER : [redacted]
DATE OF LOSS : 3/26/07

Dear [redacted]

We have inspected your 2000 Toyota Tacoma and determined it to be a total loss. We have enclosed a copy of the CCC valuation, which was used to obtain the actual cash value of your vehicle. The total loss settlement breakdown is as follows:

Actual Cash Value	$12,538.00
Sales Tax (6.10%)	$764.82
Registration Fee	$26.50
Uniform Fee	$80.00
Less Deductible	-$waived
Net Settlement Amount	$13,409.32

In order to transfer ownership of the vehicle to us, please sign and return the enclosed total loss paperwork and include the keys to the vehicle. The power of attorney form does not need to be notarized. If you have the title to your vehicle, please sign the title and forward it to us with the total loss paperwork. If you have any questions regarding your claim or the total loss paperwork, please contact me at (800) 207-3618, Ext. 2520.

Sincerely,

Joyce Kordower

Joyce Kordower
Claims Examiner

Enclosures:
- ☒ CCC Valuation – **Please do not return**
- ☐ Payment Authorization to Lien Holder
- ☒ Secured Power of Attorney
- ☒ Key Envelope – **Please return all car keys with documents**

[redacted] 5/30/07

26-28 March 2007

Collision involving my Toyota Tacoma truck; notice that the driver side airbag did NOT deploy. The truck was declared totaled.

[redacted]river

[redacted]owner

[redacted]

Cedar City, UT [redacted]

[redacted]