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 ☐
23-JUL-2007 2008 APR 30 AM 7:1	Reference No. 10197282

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	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 4/20/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KNAFB1215W5[redacted]	KIA	Sephia	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
c. 1999	Kia dealer, Salinas CA			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City Salinas	State CA	Zip Code 93901		

Transmission Type			Vehicle Component Code
4 speed?	☒ Antilock Brakes ☐ Cruise Control		~~141000~~ AIR BAGS:FRONTAL DRIVER SIDE
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
26-MAR-2007	128000	40

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).)

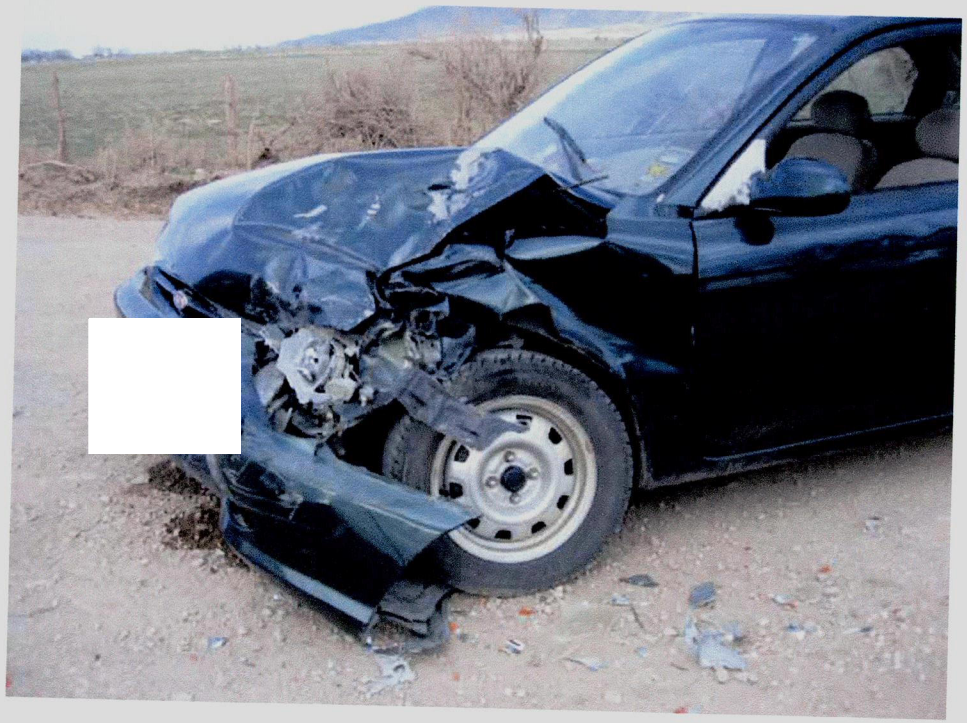
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1		Y

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

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.



26 March 2007

Collision involving my Kia Sephia; note that the driver side airbag did NOT deploy, but the passenger side one did, even though there were no passengers. The vehicle was declared totaled.

[redacted] driver

[redacted] owner

[redacted]

Cedar City, UT [redacted]

[redacted]

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 ☐N ☐S ☐E ☐W of City or Town

ROAD, STREET, HWY CRASH OCCURRED: 3900 W (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

VIN: [redacted]

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

DRIVER

[redacted] STREET, CITY, STATE, ZIP: [redacted] PHONE ( ): [redacted]

DRIVER LICENSE: [redacted] CLASS: D ENDORSEMENT(S): – RESTRICTION(S): – DATE OF BIRTH: [redacted] (mm dd yyyy) AGE: CHARGE(S): Driving left of Center CITATION #: [redacted]

☒YES ☐NO ☐PENDING ☐UNKNOWN

OWNER (same as Driver) STREET, CITY, STATE, ZIP: Cedar City, UT PHONE ( )

CARRIER COMMERCIAL VEHICLE INFO NAME: STREET, CITY, STATE, ZIP: PHONE ( )

☐ Same as Owner ☐ CDL Presented at Scene

US DOT # | CVSA INSPECTION # | GCWR / GVWR (check one) ☐10,001 - 26,000 lbs ☐10,000 lbs or LESS ☐MORE THAN 26,000 lbs | HAZ MAT RELEASED ☐YES ☐NO | HAZ MAT PLACARD # or NAME - CLASS | CARGO CODE | ☐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 - 69, 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# ADDRESS: PHONE ( ): [redacted]

VEH # 2

VIN: [redacted]

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

DRIVER [redacted] STREET, CITY, STATE, ZIP: Cedar City, UT PHONE ( )

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

☒YES ☐NO ☐PENDING ☐UNKNOWN

OWNER FIRST: [redacted] INITIAL: LAST: [redacted] STREET, CITY, STATE, ZIP: Cedar City, UT PHONE ( )

CARRIER COMMERCIAL VEHICLE INFO NAME: STREET, CITY, STATE, ZIP: PHONE ( )

☐ Same as Owner ☐ CDL Presented at Scene

US DOT # | CVSA INSPECTION # | GCWR / GVWR (check one) ☐10,001 - 26,000 lbs ☐10,000 lbs or LESS ☐MORE THAN 26,000 lbs | HAZ MAT RELEASED ☐YES ☐NO | HAZ MAT PLACARD # or NAME - CLASS | CARGO CODE | ☐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 - 69, 96)	FIRST EVENT	SECOND EVENT	THIRD EVENT	FOURTH EVENT	MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69)
							96				96

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

Field Diagram ☒Yes ☐No | Video ☐Yes ☒No | Photo (s) ☐Yes ☐Digital ☒No ☐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.

SEATING POSITION

FRONT

(11)(12)(13) (21)(22)(23) (31)(32)(33) (41)(42)(43) (51)

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

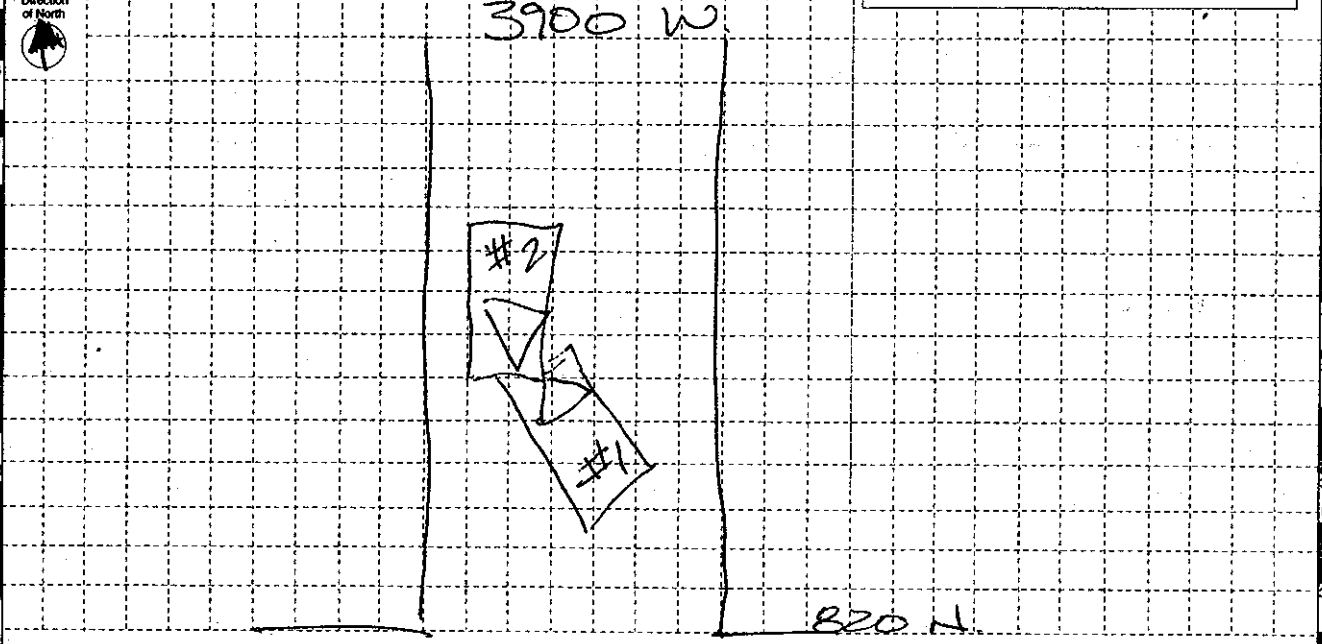
PERSON(S) INVOLVED

				INJURY										
		Person Type	Seating Position	Sex	Level	Area	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 ( )													

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

DLD#

Indicates Direction of North



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 ~~vehicles~~ Brothers Vehicle (#2) head on.

PRINT						
Cpl M Beagley	3w11	Cedar City Police	[redacted]			
OFFICER'S RANK AND NAME	I.D. #	DEPARTMENT	CASE NUMBER	SUPERVISOR'S APPROVAL	DATE OF REPORT	