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

2007 SEP 18 PM 12:16

FOR AGENCY USE ONLY 100148	
Date Received 28-AUG-2007	**Repository** ☐
	Reference No. 10201016

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number [redacted]	
City ASHLEY	**State** MI	**Zip Cod** [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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GCGK13U2[redacted]	CHEVROLET	SILVERADO 1500 HD	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-DEC-02	Jim Martin 989 463-6026			No: Cylinders 8	Gas
Original Owner ☒	Dealer's City Alma	State MI	Zip Code 48801		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-AUG-2007	83000	55	

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 OWNS A 2003 CHEVROLET SILVERADO 1500 HD. WHILE DRIVING 55 MPH, THE VEHICLE CRASHED INTO A DITCH. THE FRONT END OF THE VEHICLE WAS DAMAGED AND THE AIR BAGS FAILED TO DEPLOY. ONE PASSENGER WAS INJURED AND A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO A REPAIR SHOP AND THEY STATED THAT THE AIR BAGS SHOULD HAVE DEPLOYED DUE TO THE IMPACT OF THE CRASH. THE FAILURE AND CURRENT MILEAGES WERE 83,000.

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

Authority: 1949 PA 300, Sec. 257.622
Compliance: Required MSP UD-10
Penalty: $100 and/or 90 days (Rev 1/04)

Do Not Use

Page 1 Of 1

Incident # 14194607

File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-290140O

Department Name: MSP 14-ITHACA

Incident Disposition: ○ Open ● Closed

Reviewer

Do Not Write or Mark On This Side of The Line

Crash Date Month [redacted] Day [redacted] Year [redacted]

Crash Time Military: 0830

No. of Units: 01

Crash Type: ● Single Motor Vehicle ○ Head On ○ Head On-Left Turn ○ Angle ○ Rear End ○ Rear End-Left Turn ○ Rear End-Right Turn ○ Sideswipe-Same ○ Sideswipe-Opposite ○ Other/Unknown

Special Circumstances: ● None ○ Deer ○ School Bus ○ Hit and Run ○ Fleeing Police

Special Study: ○ Local ○ State

Weather (Mark Only One): ○ Clear ○ Severe Wind ○ Cloudy ○ Snow/Blowing Snow ○ Fog/Smoke ○ Sleet/Hail ● Rain ○ Other/Unknown

Light (Mark Only One): ● Daylight ○ Dark-Lighted ○ Dawn ○ Dark-Unlighted ○ Dusk ○ Other/Unknown

Road Condition (Mark Only One): ○ Dry ○ Snowy ○ Debris ● Wet ○ Muddy ○ Other/Unknown ○ Icy ○ Slushy

Special Checks: ○ Fatal (Report All) ○ Corrected Copy ○ Replace (Entire Report) ○ Delete (Entire Report) ○ Non-Traffic Area ○ ORV/Snowmobile

Area: 10 **Total Lanes:** 2

Speed Limit: 55 **Posted:** ● Yes ○ No

County: 29

City/Twp: 05

Traffic Control: ● None of These ○ Signal ○ Stop Sign ○ Yield Sign

Relation to Roadway (Location of First Impact): ○ On Road ○ Shoulder ○ Median ○ Outside of Shoulder/Curb ○ Gore ○ Other/Unknown

Construction Zone (if applicable) (Mark One From Each Group)
Type: ○ Const./Maint. ○ Utility
Lane Closed: ○ Yes ○ No
Activity: ○ On Road ○ Off Road ○ None

LOCATION

Prefix: | Road Name: M57 | Divided Roadway (N S E W): | Road Type: | Suffix:

Distance: .2 ○ FT ● MI ○ North ○ South ● East ● West ○ Beginning of Ramp ○ End of Ramp

Trafficway: ● 2 3 4 | Access Control: ● 2 3

Prefix: | Intersecting Road: LUCE | Divided Roadway (N S E W): | Road Type: RD | Suffix:

UNIT/DRIVER

Unit Number: 1

State: MI | Driver License Number: [redacted] | Date of Birth: [redacted]

License Type: ● O ○ CY ○ C ○ F ○ M ○ R

Sex: ○ M ● F

Total Occup: 01

Hazard Action: 16

Unit Type: ● MV ○ B ○ P ○ E (train)

Name: [redacted]

Street Address: [redacted]

City: ASHLEY State: MI Zip: [redacted] Phone Num: [redacted]

Injury: ○ K ● A ○ B ○ C ○ O

Position: 01

Restraint: 1

Hospital: CARSON CITY

Ambulance: MMR

Driver Condition: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑨⑨

Interlock: ○ Yes ● No ○ Refused ○ Not offered (Submit Results To FARS When Available)

Alcohol: ○ Yes ● No Test Type: ○ Field ○ PBT ○ Breath ○ Blood ○ Urine Test Results

Ejected: ○ Yes Trapped: ○ Yes

Airbag Deployed: ○ Yes ○ Not Equipped ● No

Drugs: ○ Yes ○ No Test Type: ○ Blood ○ Urine Test Results

Citation Issued: Hazardous ● CARELESS DRIVING Other ○

Vehicle Registration: [redacted] State: MI

Insurance: PIONEER STATE MUTUAL

Towed To/By: KIRBY'S

VIN: 1GCGK13U2[redacted]

Vehicle Description: Make: CHEVROLET Model: SILVERADO Color: PU BLUE Year:

Location of Greatest Damage: 0 ● 2 3 4 5 6 7 8 9 10 11 12

First Impact: 01

Extent of Damage: 4

Driveable: ○ Yes ● No

Vehicle Type: ● PA ○ CY ○ OR ○ VA ○ MO ○ Other ○ PU ○ GC ○ Truck/Bus ○ ST ○ SM (Complete Truck/Bus Section)

Vehicle Direction: ○ North ○ South ○ East ● West

Special Vehicles: ① ② ③ ④ ⑤ ⑥

Private Trailer Type: ① ② ③ ④ ⑤ ⑥ ⑦

Vehicle Defect: ① ② ③ ④ ⑤ ⑥

Vehicle Use: ● 2 3 4 5 6 7 8 9 10 11

PASSENGERS

First Name: | Middle: | Last:

Date of Birth: | Sex: ○ M ○ F | Position: | Restraint: | Hospital:

Street Address: | Ambulance:

City: | State: | Zip: | Phone Number: | Ejected: ○ Yes | Trapped: ○ Yes

Injury: ○ K ○ A ○ B ○ C ○ O Airbag Deployed: ○ Yes ○ No ○ Not Equipped

First Name: | Middle: | Last:

Date of Birth: | Sex: ○ M ○ F | Position: | Restraint: | Hospital:

Street Address: | Ambulance:

City: | State: | Zip: | Phone Number: | Ejected: ○ Yes | Trapped: ○ Yes

Injury: ○ K ○ A ○ B ○ C ○ O Airbag Deployed: ○ Yes ○ No ○ Not Equipped

○ Owner ○ Uninjured Passenger ● Witness Name: [redacted] Address: 606 S. ELM HWY ITHACA Rest.

○ Owner ○ Uninjured Passenger ● Witness Name: DENISE LYNN COSTON [redacted] Rest. FREMONT MI

Person Advised of Damaged Traffic Control: Date | Time | Name

Damaged Property | Public: ○ Y ○ N

Owner & Phone

UD-10 SERIAL NUMBER: 7154810

Serial Override Number:

Do Not Write or Mark In This Area

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

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BACK

NCS

UNIT/DRIVER

Unit Number | State | Driver License Number | Date of Birth | License Type | Sex | Total Occup | Hazard Action

Unit Type: MV, B, P, E (train)

Name

Street Address

City | State | Zip | Phone Number

Driver Condition: 1 2 3 4 5 6 7 8 9 99

Interlock: Yes No — Refused Not offered

Alcohol: Yes No — Test Type: Field PBT Breath Blood Urine — Test Results

Drugs: Yes No — Test Type: Blood Urine — Test Results

Vehicle Registration | State | Insurance | Towed To/By

VIN | Vehicle Description | Make | Model | Color | Year

Injury: K A B C O | Position | Restraint | Ejected Trapped: Yes | Airbag Deployed: Yes No Not Equipped | Citation Issued: Hazardous Other | Hospital | Ambulance

Location of Greatest Damage: 0 1 2 3 4 5 6 7 8 9 10 11 12

First Impact | Extent of Damage | Driveable: Yes No

Vehicle Type: PA CY OR; VA MO Other; PU GC Truck/Bus; ST SM (Complete Truck/Bus Section)

Vehicle Direction: North South East West

Special Vehicles: 1 2 3 4 5 6

Private Trailer Type: 1 2 3 4 5 6 7

Vehicle Defect: 1 2 3 4 5 6

Vehicle Use: 1 2 3 4 5 6 7 8 9 10 11

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

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PASSENGERS

First Name | Middle | Last | Date of Birth | Sex: M F | Position | Restraint | Hospital | Ambulance | Street Address | City | State | Zip | Phone Number | Ejected: Yes | Trapped: Yes | Injury: K A B C O | Airbag Deployed: Yes No Not Equipped

First Name | Middle | Last | Date of Birth | Sex: M F | Position | Restraint | Hospital | Ambulance | Street Address | City | State | Zip | Phone Number | Ejected: Yes | Trapped: Yes | Injury: K A B C O | Airbag Deployed: Yes No Not Equipped

Owner / Witness — Name [redacted] — Address [redacted] 9292 VICKSBURG RD. FOWLER — Phone Number [redacted] — Age [redacted] — Pos [redacted] — Rest [redacted]

Uninjured Passenger

Owner / Witness — Name [redacted] — Address [redacted] BANNISTER — Phone Number [redacted]

Uninjured Passenger

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Unit Reported on Front

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
01	02	04		
Most Harmful	M	M	M	M

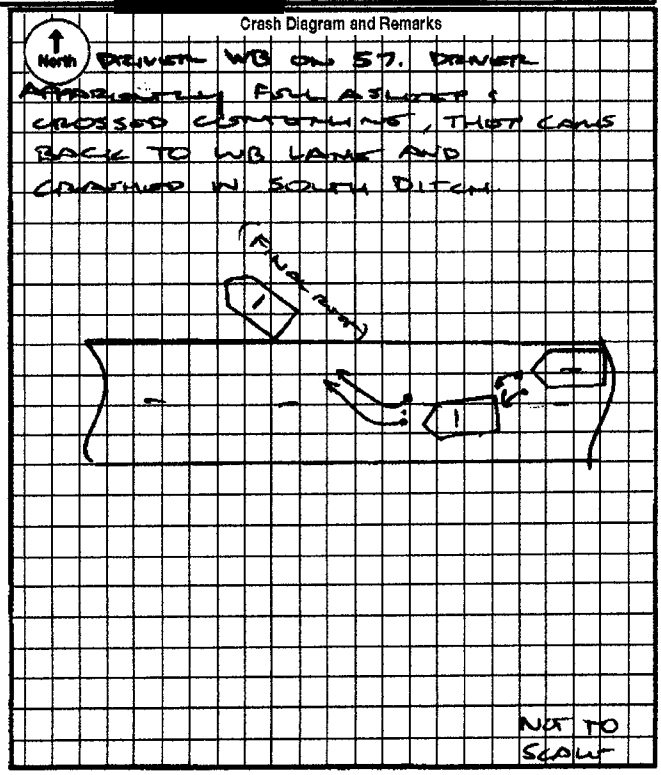
Unit Reported Above

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
Most Harmful	M	M	M	M

TRUCK/BUS INFORMATION

Unit Number | Carrier Name | Address | City | State | Carrier Source: Papers, Vehicle, Log Book, Driver | Zip | GVWR | ICC/MC | Driver's CDL Type: A B C None H N P S T X | USDOT | Interstate, Intra (MI Only) | CDL Restrictions: 28 29 30 | CDL Exempt: Farm Other | MPSC | Vehicle Type: AS AL BS CX Other; AA AT BB BX; AH AX BH CH; AN AY BN CP; AP AZ BP CS | Type & Axles Per Unit: First Second Third Fourth | Medical Card: Y N | Cargo Body Type: 1 2 3 4 5 6 7 8 | Hazardous Material: Placard Cargo Spill | ID # | Class #

Crash Diagram and Remarks



UD-10 SERIAL NUMBER: 7154810

Investigated at Scene: Y N

Reported Date/Time: 08-06-2007

Photos By: N/A

Investigator Name(s) & Badge # (Print Only): TROOPER DOUGLAS TANNETL # 469

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

OM. 3/8/05 Mileage 115 Back out of garage P.S. failed. Towed to dealer!

1M 4/10/05 Mileage 145 - Backed out of garage Power Steering OK
Park to R to D

Got on 35 W South at D.A. Lk Rd - Crosstown 62 to Penn, then South to Valley Village. Dropped off wife & backed out of parking space. Power Steering OK. - Returned to home. Stopping in alley. Put in Reverse & backed into driveway. Stopped & put into D to align car to enter garage. - Found steering almost impossible to turn! Pulled ahead about 2 ft, stopped, put in R and tried to turn wheels opposite direction to better align car for entering garage. Again, could hardly turn steering wheel. Backed up about 2 ft, stopped, put in D and again straightened wheels while pulling ahead (with great difficulty) got car in garage. Power Steering not functioning. Mileage 154.

4/10/05 Mileage 154 Backed out of garage PS is OK. No problem easily to steer. Drove around block and repeated same movements to put car back in garage. All steering turned easily. PS working OK. Mileage still 154.

1/15/07 Driveway to alley P.S. failed Mileage 2,100

8/23/07 mi 2,820 ~~Alley to driveway~~ P.S. failed After driving

8/28/07 mi 2,837 Driveway to alley P.S. failed

8/30/07 mi 2,848 Driveway to alley P.S. failed

This is the 6th failure!

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXAMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.