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

2008 APR 16 AM 7:48

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
27-FEB-2008	Reference No. 10219267

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City CHRISTIANBURG	State VA	Zip Cod[redacted]	Evening Telephone Number [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
2G1WF55E91[redacted]	CHEVROLET	IMPALA	2000

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
	Deals on Wheels 641-0006		6	Gas
Original Owner ☐	Dealer's City Christiansburg	State VA Zip Code 24073		

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
11-JUN-2007	90000	25	

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	0	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 CHEVROLET IMPALA. WHILE DRIVING BETWEEN 25-35 MPH IN FOGGY WEATHER, THE DRIVER DROVE AROUND AN S-SHAPED CURVE AND CRASHED INTO AN EMBANKMENT. NONE OF THE AIR BAGS DEPLOYED AND THE DRIVER WAS KILLED. A POLICE REPORT WAS FILED. THE CONTACT HAS PICTURES. THE VIN, ENGINE SIZE, PURCHASE DATE, AND NUMBER OF CYLINDERS WERE UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 90,000.

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)

[redacted] died from Head Trauma his neck was also Broken. I just hope you can do something. Thank You. He was a very kind and loving husband and dad.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

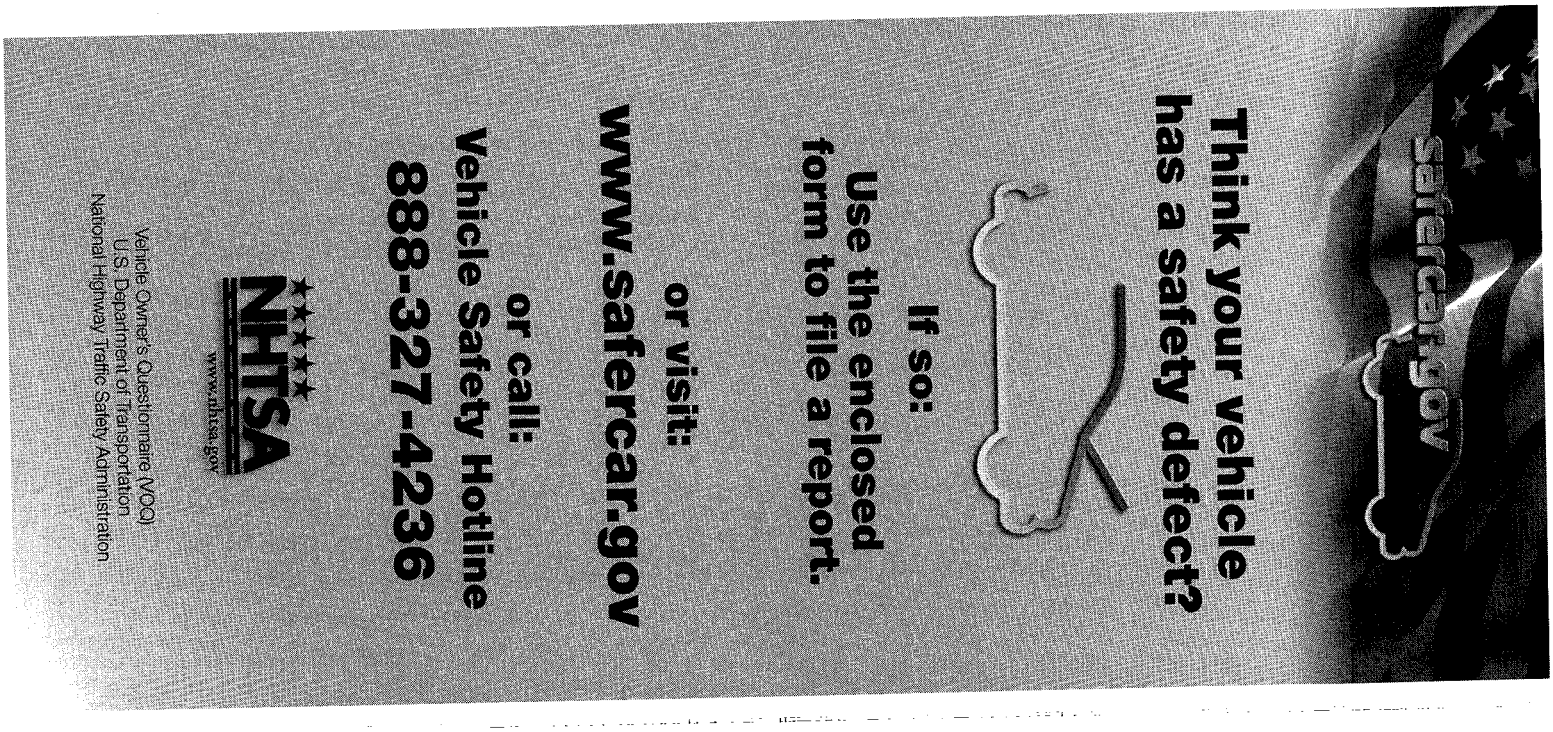
Official Business
Penalty for Private Use $300

**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
1200 New Jersey Ave SE
Washington, DC 20077-9382



Commonwealth of Virginia • Department of Motor Vehicles

Page 1 of 1 pages ☐ Supplemental report

Police Crash Report

DMV Copy FR300P (Rev 9/03)

Crash date: 06 / 11 / 2007	Day of week: Mon	Military time (24 hr. clock): 0610	County of crash: Albemarle County	Official DMV use: Sm
☐ City of ☐ Town of		Landmark at scene: 4900X Louisa Rd	GPS Lat.	
Location of crash (route/street): Louisa Rd.		Railroad crossing ID no. (if within 150 ft.)	GPS Long.	Mile marker number	Local case number: 2007-05500
☐ at intersection with or ½ ☒ miles ☐ feet ☒ N ☐ S ☐ E ☐ W of Location of crash (route/street): Clarks Tract					Number of vehicles: 1

Vehicle No. 1

Driver's name (last, first, middle): [redacted] — Driver fled scene ☐ — Yrs. dr. experience: 40

Address (street and no.): [redacted]

City: Christiansburg — State: Va. — ZIP: [redacted]

Birth date: [redacted] — Gender: M — Driver's license number: [redacted] ☐ DL ☐ CDL — State: Va.

Vehicle owner's name (last, first, middle) or Commercial motor carrier: Harvey Enterprises LLC — ☐ same as driver

Address (street and no.): 1095 Radford st

City: Christiansburg — State: Va. — ZIP: 24073

A Veh. type	Veh. year	Veh. make	Veh. model	CMV	Towed
1		Chevy	Impala	☐	☒

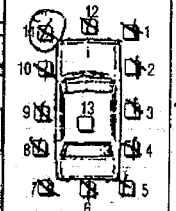
Vehicle plate number: — State: Va. — B EMV type: 1 — C EMV in service: 3 — Approximate repair cost: $9,000

VIN: 2G1WF55E9[redacted]

Commercial: U.S. DOT no. or VA no. — Placard no. and class or name — No. of axles — Truck cover Y ☐ N ☐ — GVWR ☐ 10,000 and under ☐ 10,001 to 26,000 ☐ over 26,000 — ☐ HAZMAT ☐ Oversize — ☐ Cargo spill ☐ Override ☐ Underride

Name of insurance company (not agent): Unknown

Vehicle no. 1 damage — Check impact area(s) Circle initial impact



See back of FR300T

Before crash: U — Limit: 55 — Max safe: 35 — Lane dir.: N

Passengers and ages: Less 6 | 6-17 | 18-21 | Over 21

Vehicle No. 2 (or unattended ☐)

Driver's name (last, first, middle): — Driver fled scene ☐ — Yrs. dr. experience:

Address (street and no.):

City — State — ZIP

Birth date — Gender — Driver's license number ☐ DL ☐ CDL — State

Vehicle owner's name (last, first, middle) or Commercial motor carrier — ☐ same as driver

Address (street and no.):

City — State — ZIP

A Veh. type	Veh. year	Veh. make	Veh. model	CMV	Towed
				☐	☐

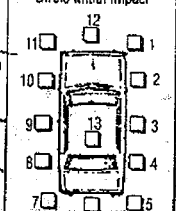
Vehicle plate number — State — B EMV type — C EMV in service — Approximate repair cost

VIN

Commercial: U.S. DOT no. or VA no. — Placard no. and class or name — No. of axles — Truck cover Y ☐ N ☐ — GVWR ☐ 10,000 and under ☐ 10,001 to 26,000 ☐ over 26,000 — ☐ HAZMAT ☐ Oversize — ☐ Cargo spill ☐ Override ☐ Underride

Name of insurance company (not agent):

Vehicle no. 2 damage — Check impact area(s) Circle initial impact

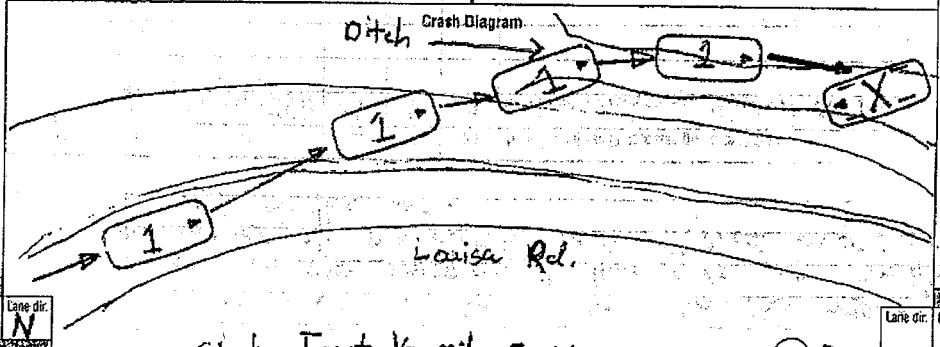


See back of FR300T

Lane dir. — Before crash — Limit — Max safe

Passengers and ages: Less 6 | 6-17 | 18-21 | Over 21

Crash Diagram



Indicate north by arrow

Damage to property other than vehicles — Approximate repair cost — Object struck (tree, fence, etc.) — Property owner's name (last, first, middle) and address

Crash description: Car 1 traveling Northbound on Louisa Rd. In the 4900X car 1 veared off the road on the south beyond lane side of traffic. Vehicle 1 hit the corner of the ditch and flipped over coming to rest on the roof of the car.

Offenses charged driver

Towed Charlottesville Wrecker Service (Ben) Beat 11

All Injured

12	13	14	15	16	17	18	19	20	Names of injured (if deceased give date of death)	EMS transport	Date of death MM/DD/YYYY
1	1	1	2	2	[redacted]	M	1	19	[redacted] 06/11/07	Y	06 / 11 / 2007

Investigating officer: Q. Steele — Badge/code no.: 79 — Agency/department name and code: Albemarle County PD 002 — Reviewing officer: T. Walls 24 — Report file date: 6 / 11 / 07

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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rbf

As a result of your 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 failures(s) you reported that you believe 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 drivers' door or the drivers 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-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed 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,

Ronald B. Fields, Chief
Correspondence Research Division
Enforcement

Enclosure: VOQ

NHTSA
www.nhtsa.gov


AGE CO., INC.
AX, VA.