



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

29-AUG-2008

Repository

Reference No.

10240168

OWNER INFORMATION (Type or Print)

Name

Address

City

KNOXVILLE

State TN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

KL5VM52L64B

Make

SUZUKI

Model

VERONA

Model Year

2004

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

27-AUG-2008

Failure Mileage

60287

Failure Speed

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: DOTM19ABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

2

Number of Deaths

0

Reported to Police

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 2004 SUZUKI VERONA. WHILE THE CONTACT'S HUSBAND WAS DRIVING 25 MPH, HE T-BONED ANOTHER VEHICLE. THE FRONT END OF THE VEHICLE WAS SMASHED IN AND THE VEHICLE WAS DESTROYED. THE AIR BAGS FAILED TO DEPLOY. TWO OCCUPANTS WERE INJURED AND A POLICE REPORT WAS FILED. THE MANUFACTURER HAS NOT BEEN NOTIFIED. THE CURRENT AND FAILURE MILEAGES WERE 60,287.

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.

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

front end crash with no air bag deployment - Suzuki notified

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

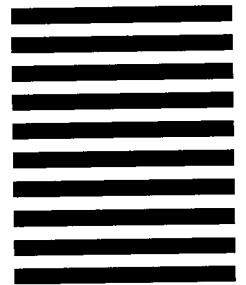
National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use \$300



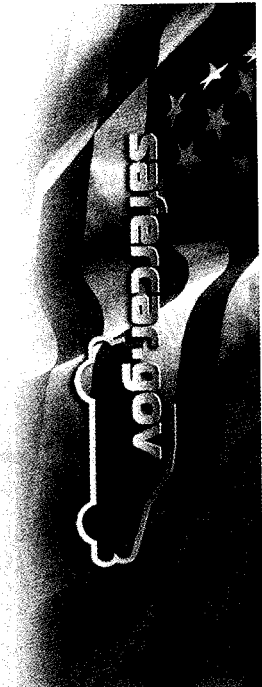
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



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 Avenue SE.
Washington, D.C. 20077-9382**



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**



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



| | |
|--------------------------------|-----------|
| Master Record Number | 900006159 |
| Type of Crash: Injury-Possible | |
| Approved By | 220DB |

Tennessee Electronic Traffic Crash Report

Incident Information

| | | | | | | |
|---|---------------------------|--------------------------------|---|---|------------------------------|-------------------------------------|
| Date of Crash 08/27/2008 | Day of Crash Wednesday | Local Agency Number THPTRAC | | Reporting Agency Name Tennessee Highway Patrol | | Agency Tracking Number 108028698 |
| Time of Crash 7:05.00 | Time Notified 7:10:00 | Time Arrived 7:32.00 | County Knox | | City | |
| Total Vehicles 2 | Total Occupants 2 | Total Non-Occupants 0 | Total Killed 0 | Total Injured 2 | Total Un-Injured 0 | |
| Hit and Run N | Solved? N | Police Pursuit N | School Bus Involved? No | Photos Taken? N | By Not Applicable | Photographer Name |
| Area Business | | Interchange Related? N | Intersect Type FOUR-WAY | | | |
| Roadway Name SECO | | Roadway Name MAYNARDVILLE | | | | Suffix HWY |
| Est Distance | Distance Type | Direction | From Highway Number/Intersection FOUNTAIN VALLEY | Suffix DR | Intersect Number | Mile Marker |
| Roadway Local ID | | | Intersect Local ID | | | |
| Relation to Junction Intersection | | | Relation to Roadway On Roadway | | Route Signing State Route | |
| Work Zone None | | | Construction Zone | | | |
| Construction Location | | | Workers Present | | | |
| First Harmful Event Motor Vehicle-In-Transport On Same Roadway | | | Trafficway Type Trafficway-OPEN | | | |
| Weather Conditions Cloudy | | Light Conditions Daylight | | Latitude | Longitude | Rail Crossing ID |
| Manner of Collision Angle | | | | | | |
| 1st Collision Factor | | 2nd Collision Factor | | 3rd Collision Factor | | |

Investigating Officer Details

| | | | | | |
|-----------------------------|----------------------|-----------------------|---------------------------|------------------------|--------|
| Investigation Complete Y | Rank TROOPER | First Name CHARLES | Middle Initial R | Last Name DEADERICK | Suffix |
| Badge Number 13CD | District/Zone 1ST | Car Number 1127 | Report Date 08/27/2008 | | |

Driver Information

| | | | | | | | |
|--|---------------------|-----------------------------------|--------------------|-------------------------|-----------------------------------|---------------------------------------|-----|
| First Name | | Middle Initial | Last Name | | Suffix | Date of Birth | Age |
| Address Line 1 | | Address Line 2 | | City KNOXVILLE | State TN | Zip Code | |
| Phone 1 | Phone 2 | Phone 3 | Race Caucasian | Ethnicity White | Gender M | Air Bag From The Front | |
| Safety Equipment Shoulder And Lap Belt Used | | | | | | | |
| Drivers License Number | License State TN | Expiration Date | License Class D | License Status Valid | | Seat Position Front Seat-Left Side | |
| Endorsements 1 | | Complied With? | Endorsements 2 | | Complied With? | Endorsements 3 | |
| Restrictions 1 None | | Complied With? Y | Restrictions 2 | | Complied With? | Restrictions 3 | |
| Ejection Not Ejected | | Ejection Path Not Ejected | | | Trapped/Extricated Not Trapped | | |
| Medical Transport EMS Ground | | Ambulance/Hospital ST MARYS ER | | | | | |
| Distraction None | | | | | | | |
| Driver's 2nd Condition | | | | Driver's 3rd Condition | | | |
| Driver's 2nd Action | | | | Driver's 4th Action | | | |

Alcohol and Drugs

| | | | | | | | |
|--|--|---------------------------------------|----------------------|---------------------------------------|----------------------|-------------------------|--|
| Presence of Alcohol No | | Determination Method Behavioral | | Alcohol Test Status Test Not Given | | | |
| 1st Alcohol Test Type Not Tested | | 1st Alcohol Test Result None Given | | 2nd Alcohol Test Type | | 2nd Alcohol Test Result | |
| Presence of Drugs No | | Determination Method Observed | | Drug Test Status Test Not Given | | | |
| 1st Drug Test Type No Drug Reported | 1st Drug Test Result Not Tested For Drugs | 2nd Drug Test Type | 2nd Drug Test Result | 3rd Drug Test Type | 3rd Drug Test Result | | |

Driver Violations

| | | | |
|---------------|------------------------|---------------------------|-----------------------|
| 1st Violation | 1st Violation Category | 1st Violation Description | 1st Violation Statute |
| 2nd Violation | 2nd Violation Category | 2nd Violation Description | 2nd Violation Statute |
| 3rd Violation | 3rd Violation Category | 3rd Violation Description | 3rd Violation Statute |
| 4th Violation | 4th Violation Category | 4th Violation Description | 4th Violation Statute |
| 5th Violation | 5th Violation Category | 5th Violation Description | 5th Violation Statute |

Vehicle Information

| | | | | | | |
|---|-----------------------------|-----------------------------------|----------------------|---|----------------------|--------------|
| Owner Name | | Owner First Name | Owner Middle Name | Owner Last Name | | Owner Suffix |
| Street 1 | | Street 2 | | City KNOXVILLE | State TN | Zip Code |
| Phone Number 2 | Phone Number 3 | Vehicle Year 2004 | Vehicle Make SUZU | Vehicle Model VERO | Color Tan | |
| VIN KL5VM52L64B1 | License Plate Number | State Tennessee | Exp Year 042009 | Body Code Four-Door Sedan Hardtop | | |
| HAZMAT? N | FMCSA Reportable? N | Bus Use Not Used As School Bus | | Unit Type Motor Vehicle In-Transport | | |
| Gross Weight 10000 or Less-No Haz-8 Or Less | | | | Vehicle Configuration | | |
| Vehicle Operation Type Personally Owned/Used | | | | Cargo Body Type | | |
| 1st Factor Unknown | | 2nd Factor | | 3rd Factor | | |
| Insurance 1 | Insurance 1 Type Vehicle | Insurance 1 Carrier STATE FARM | | Insurance 1 Start Date | Insurance 1 End Date | |
| Insurance 2 | Insurance 2 Type | Insurance 2 Carrier | | Insurance 2 Start Date | Insurance 2 End Date | |
| Insurance 3 | Insurance 3 Type | Insurance 3 Carrier | | Insurance 3 Start Date | Insurance 3 End Date | |

Vehicle Damage and Roadway Characteristics

| | | | | |
|--|--|---|---|---------------------------------------|
| Most Harmful Event Motor Vehicle-In-Transport On Same Roadway | | Emergency Use? N | Over Underride No Underride-Override | Fire in Vehicle? N |
| Events 1 Motor Vehicle-In-Transport On Same Roadway | | Events 2 | | Events 3 |
| Events 4 | | Events 5 | | Events 6 |
| Point of First Impact Front End | Extent of Damage Disabling Damage | | Officer Damage Estimate Greater Than 400 Dollars | |
| Areas of Vehicle Damage Front End | | | | |
| Vehicle Special Use No Special Use | Towed? Towed Due To Vehicle Damage | Towed Where? FTN. CITY WRECKER | 1st Trailer No Trailer | 1st Trailer Licence Plate Information |
| 2nd Trailer | 2nd Trailer Licence Plate Information | | 3rd Trailer | 3rd Trailer Licence Plate Information |
| Travel Direction South | Trafficway Flow Two-Way Divided Without Traffic Barrier | | Roadway Surface Type Asphalt | Number of Travel Lanes Three Lanes |
| Trafficway Hazards None | | | | |
| Traffic Control Devices TCS-Without Ped Signal | | Traffic Control Device Functioning Device Functioning Properly | | Roadway Route Signing State Route |
| Roadway Surface Conditions Dry | | Roadway Character Alignment Straight | | Roadway Character Profile Level |
| Speed Limit 45 | Access Control No Control | | | |

Commercial Carrier Information

| | | | | | | |
|-------------------------|--------------|----------------|--------------|-----------|-----------|------------------------------|
| US DOT | Carrier Name | | Carrier Type | | ICC MC | TN DOS |
| Address Line 1 | | Address Line 2 | | City | State | Zip Code |
| Address Line 1 | | Address Line 2 | | City | State | Zip Code |
| 1st Hazardous Materials | | HAZMAT Class | Placard? | Placard # | Released? | Hazardous Materials Released |
| 2nd Hazardous Materials | | HAZMAT Class | Placard? | Placard # | Released? | Hazardous Materials Released |
| 3rd Hazardous Materials | | HAZMAT Class | Placard? | Placard # | Released? | Hazardous Materials Released |

Driver Information

| | | | | | |
|--|---------------------------------|--|--------------------|-------------------------|---------------------------------------|
| First Name | Middle Initial | Last Name | Suffix | Date of Birth | Age |
| Address Line 1 | Address Line 2 | City KNOXVILLE | | State TN | Zip Code |
| Phone 1 | Phone 2 | Phone 3 | Race | Ethnicity | Air Bag Not Available |
| Safety Equipment Shoulder And Lap Belt Used | | | | | |
| Drivers License Number | License State TN | Expiration Date | License Class D | License Status Valid | Seat Position Front Seat-Left Side |
| Endorsements 1 | Complied With? | Endorsements 2 | Complied With? | Endorsements 3 | Complied With? |
| Restrictions 1 None | Complied With? Y | Restrictions 2 | Complied With? | Restrictions 3 | Complied With? |
| Ejected Not Ejected | Ejection Path Not Ejected | Trapped/Extricated Not Trapped | | | |
| Injury Code Incapacitating | Medical Transport EMS-Ground | Ambulance/Hospital ST. MARYS NORTH ER | | | |

Driver Conditions and Actions

| | | |
|--|---|------------------------|
| Hit and Run? No Hit And Run | Driver/Vehicle Maneuver Turning Left | Distraction None |
| Driver's 1st Condition Appeared Normal | Driver's 2nd Condition | Driver's 3rd Condition |
| Driver's 1st Action Failure To Yield Right of Way | Driver's 2nd Action None | Driver's 3rd Action |
| Driver's 3rd Action | Driver's 4th Action | |

Alcohol and Drugs

| | | |
|--|--|---------------------------------------|
| Presence of Alcohol No | Determination Method Observed | Alcohol Test Status Test Not Given |
| 1st Alcohol Test Type Not Tested | 1st Alcohol Test Result None Given | 2nd Alcohol Test Type |
| 2nd Alcohol Test Result | Presence of Drugs No | Determination Method Observed |
| 1st Drug Test Type No Drug Reported | 1st Drug Test Result Not Tested For Drugs | 2nd Drug Test Type |
| 2nd Drug Test Result | 3rd Drug Test Type | 3rd Drug Test Result |

Driver Violations

| | | | |
|---------------|--|--|---------------------------------|
| 1st Violation | 1st Violation Category Other Moving | 1st Violation Description FAILURE TO YIELD WHILE TURNING LEFT | 1st Violation Statute 558129 |
| 2nd Violation | 2nd Violation Category | 2nd Violation Description | 2nd Violation Statute |
| 3rd Violation | 3rd Violation Category | 3rd Violation Description | 3rd Violation Statute |
| 4th Violation | 4th Violation Category | 4th Violation Description | 4th Violation Statute |
| 5th Violation | 5th Violation Category | 5th Violation Description | 5th Violation Statute |

Vehicle Information

| | | | | |
|---|-----------------------------|---|---|------------------------------------|
| Owner Same as Driver? Y | Owner First Name | Owner Middle Name | Owner Last Name | Owner Suffix |
| Street 1 | Street 2 | City KNOXVILLE | | State TN |
| Zip Code | Phone Number 1 | Phone Number 2 | Phone Number 3 | |
| Vehicle Year 1991 | Vehicle Make TOYT | Vehicle Model PICK | Color Gray | |
| VIN JT4RN81A0ME | License Plate Number | State Tennessee | Exp Year 102008 | Body Code Compact Pickup |
| HAZMAT? N | FMCSA Reportable? N | Bus Use Not Used As School Bus | Unit Type Motor Vehicle In-Transport | |
| Gross Weight 10000 of Less-No Haz-8 Or Less | Vehicle Configuration | | | |
| Vehicle Operation Type Personally Owned/Used | Cargo Body Type | | | |
| 1st Factor Unknown | 2nd Factor | 3rd Factor | | |
| Insurance 1 | Insurance 1 Type Vehicle | Insurance 1 Carrier NGM INSURANCE CO | Insurance 1 Start Date 05/06/2008 | Insurance 1 End Date 05/06/2009 |
| Insurance 2 | Insurance 2 Type | Insurance 2 Carrier | Insurance 2 Start Date | Insurance 2 End Date |
| Insurance 3 | Insurance 3 Type | Insurance 3 Carrier | Insurance 3 Start Date | Insurance 3 End Date |

Vehicle Damage and Roadway Characteristics

| | | | | | |
|--|--|---|---|---|---------------------------------------|
| Most Harmful Event Motor Vehicle-In-Transport On Same Roadway | | Emergency Use? N | Over Underride No Underride-Override | | Fire In Vehicle? N |
| Events 1 Motor Vehicle-In-Transport On Same Roadway | | Events 2 | | Events 3 | |
| Events 4 | | Events 5 | | Events 6 | |
| Point of First Impact Right Side-Center | | Extent of Damage Disabling Damage | | Officer Damage Estimate Greater Than 400 Dollars | |
| Areas of Vehicle Damage Right Side-Center | | | Right Side-Near Front | | Right Side-Near Rear |
| Vehicle Special Use No Special Use | Towed? Towed Due To Vehicle Damage | Towed Where? FTN. CITY WRECKER | 1st Trailer No Trailer | | 1st Trailer Licence Plate Information |
| 2nd Trailer | | 2nd Trailer Licence Plate Information | | 3rd Trailer | 3rd Trailer Licence Plate Information |
| Travel Direction West | Trafficway Flow Two-Way Divided With Traffic Barrer | | Roadway Surface Type Asphalt | | Number of Travel Lanes Three Lanes |
| Trafficway Hazards None | | | | | |
| Traffic Control Devices TCS-Without Ped Signal | | Traffic Control Device Functioning Device Functioning Properly | | Roadway Route Signing State Route | |
| Roadway Surface Conditions Dry | | Roadway Character Alignment Straight | | Roadway Character Profile Level | |
| Speed Limit 45 | Access Control No Control | | | | |

Commercial Carrier Information

| | | | | | | | | |
|-------------------------|--------------|----------------|--------------|-----------|-----------|------------------------------|----------|-------|
| US DOT | Carrier Name | | Carrier Type | | | ICC MC | TN DOS | |
| Address Line 1 | | Address Line 2 | | City | | State | Zip Code | Phone |
| 1st Hazardous Materials | HAZMAT Class | | Placard? | Placard # | Released? | Hazardous Materials Released | | |
| 2nd Hazardous Materials | HAZMAT Class | | Placard? | Placard # | Released? | Hazardous Materials Released | | |
| 3rd Hazardous Materials | HAZMAT Class | | Placard? | Placard # | Released? | Hazardous Materials Released | | |

Narrative

VEHICLE 1 WAS TRAVELING SOUTH ON SR 33. VEHICLE 2 WAS TRAVELING NORTH ON SR 33 AND ATTEMPTED TO TURN LEFT ONTO FTN. VALLEY DRIVE. VEHICLE 2 FAILED TO YIELD RIGHT OF WAY TO VEHICLE 1 AND PULLED INTO VEHICLE 1S PATH. VEHICLE 1 STRUCK VEHICLE 2 IN THE RIGHT SIDE. VEHICLE 1 AND 2S OPERATORS STATED THEY HAD A GREEN LIGHT, BUT VEHICLE 2S OPERATOR STATED HE DID NOT KNOW IF HE HAD A GREEN LEFT TURN ARROW.

