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

JUN 18 PM 1:56

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: 26-MAY-2009	Repository ☐
	Reference No.: 10269955

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number SAME	
City MARIEON	**State** NC	**Zip Code** [redacted]	

Do you authorize NHTSA to [redacted] to the manufacturer of your vehicle? ☑ YES ☒ NO
In the absence of an author[redacted]vide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/6/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTDKT903295[redacted]	TOYOTA	YARIS	2009

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
MARCH 2009	MIKE JOHNSON TOYOTA	828-328-5586	No: Cylinders	
Original Owner ☒	Dealer's City HICKORY, NC	State NC / Zip Code 28602		

Transmission Type			Multiple Failure:	Incident Date(s)
AUTO	☐ Antilock Brakes ☐ Cruise Control	Powertrain		16-MAY-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	1000	65

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	2	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 2009 TOYOTA YARIS. WHILE DRIVING APPROXIMATELY 65 MPH, THE CONTACT'S VEHICLE WAS REAR ENDED BY ANOTHER VEHICLE AND CAUSED HER TO CRASH INTO A GUARD RAIL. THE VEHICLE WAS COMPLETELY DESTROYED AND NONE OF THE AIR BAGS DEPLOYED. TWO OCCUPANTS SUSTAINED MODERATE INJURIES. THE CAUSE OF THE AIR BAG FAILURE IS STILL UNKNOWN. A POLICE REPORT WAS FILED. THE FAILURE AND CURRENT MILEAGES WERE 1,000. 3,000.
THE CAR SPUN AROUND COMPLETELY 3-4 TIMES BEFORE HITTING THE GUARD RAIL

STATE FARM DOES HAVE PHOTOS.
I HAVE INCLUDED ACCIDENT RPT., BUT MY SISTER & I STILL MAINTAIN THAT WE WERE HIT FROM BEHIND. (THE MAN REPORTED HE HIT US FROM THE SIDE).

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)

I was driving 65 mph in the left northbound lane of I-95 when we both heard a horrendous crash. Our initial impression was that a bomb had exploded. My car had to be off the ground we were hit with such force. It then spun out on the highway 3-4 times. When we finally stopped, we crashed head-on into the guard rail. The people asked my husband at the tow / storage yard how many had died in our vehicle, it was so crushed.

My sister had some broken bones & we both suffered blunt force trauma to the chest & arms. We are still badly bruised & are suffering limited mobility.

I reported this to Toyota HQ & am somewhat miffed that no one has called or contacted me regarding this accident for more information.

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

ASHEVILLE NC 288
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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

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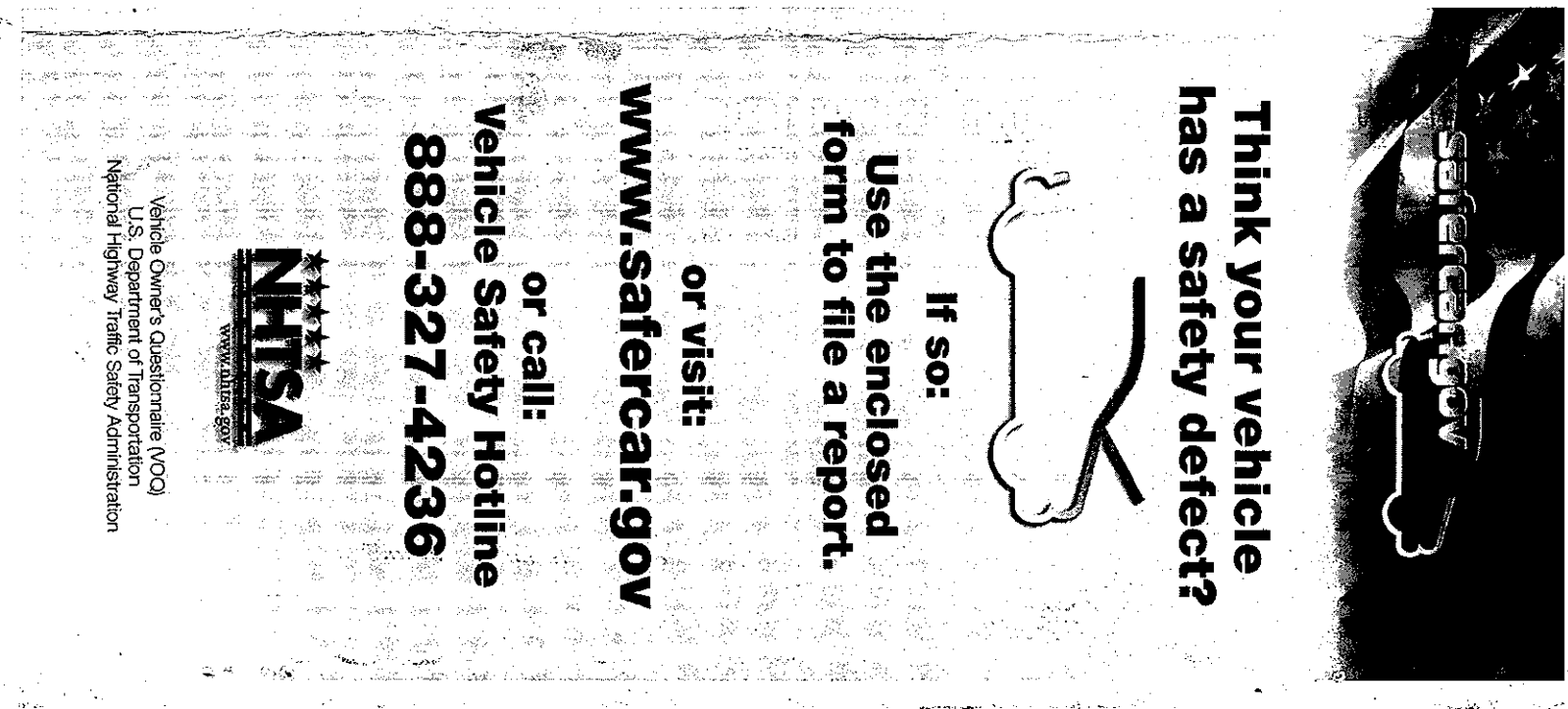
US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



McIntosh County
Office of the Sheriff

714 Highway 251
Darien, Georgia 31305
Phone (912) 437-6622 • Fax (912) 437-2358

FAX

To: [redacted]

From: Cpl. JR O'Rourke III

Fax Number: [redacted]

Date: 052209

Number Of Pages: 3

Reference: Accident #392

ATTORNEY
Liz

EAGLE3000(r) Law Enforcement Software

GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

Acc. No. / Case No.	Agency NCIC No	County	Date Rec. By DOT
392	GA0950000	MCINTOSH	

Date Occurrence	Day Of Week	Time	Off. Arrived	Total Number Of: Vehicles	Injuries	Fatalities	Inside City Of
05/16/2009	Sun M T W Th F S (S)	1422	1431	2	2	0	

Road Of: INTERSTATE 95 (1 Interstate 2 Lower St. Rt. 3 Co. Road 4 City/St.) At Its Intersection With: (1 Interstate 2 Lower St. Rt. 3 Co. Road 4 City/St.)

Corrected Report: Yes ☐
Suppl. To Original: Yes ☐

Not At Its Intersection But: 1 [X] Miles ☐ Feet ☐ North ☐ East [■] South ☐ West Of: JONES RD (1 Interstate 2 Lower St. Rt. 3 Co. Road 4 City/St. 5 Co. Line)

Hit and Run: Yes ☐

And Continuing In the Direction Check Above The Next Reference Point is: HWY 17 (1 Interstate 2 Lower St. Rt. 3 Co. Road 4 City/St. 5 Co. Line)

Driver 1

Driver # 1 | Last Name [redacted] | First [redacted] | Middle

Ped ☐ | Address [redacted]

City: CHARLOTTE | State: NC | Zip [redacted] | DOB

Drivers License No. | Class: C | State: NC | ■ Male Female

Posted Speed | Insurance Co.: ERIE INSURANCE | Policy No. [redacted]

Year: 2001 | Make: GMC | Model: CADILLAC | Telephone No. [redacted]

VIN: 1GKCS18W91K[redacted] | Vehicle Color: GRY

Tag # [redacted] | State: NC | County | Year: 2010

Trailer Tag # | State | County | Year

[X] Same as Driver | Owner's Last Name | First | Middle

Address

City | State | Zip

Removed By: HUTCHERSON | Request X | List

Alcohol Test 2	Type	Results	Drug Test 2	Type	Results

Driver Condition 1	Direction of Travel 1	Vision Obscured 1	Contributing Factors
Vehicle Condition 1	Vehicle Maneuver 5	Pedestrian Maneuver	10

Most Harmful Event 11 | Vehicle Class 1 | Vehicle Type 1

Traffic Control 7 | Device Inoperative? N

Driver 2

Driver # 2 | Last Name [redacted] | First [redacted] | Middle

Ped ☐ | Address [redacted]

City: MARION | State: NC | Zip [redacted] | DOB

Drivers License No. | Class: C | State: NC | ■ Male Female

Posted Speed: 70 | Insurance Co. | Policy No. [redacted]

Year: 2008 | Make: TOYOTA | Model: YARIS | Telephone No. [redacted]

VIN: JTDKT903296[redacted] | Vehicle Color: RED

Tag # [redacted] | State: NC | County | Year: 2010

Trailer Tag # | State | County | Year

[X] Same as Driver | Owner's Last Name | First | Middle

Address

City | State | Zip

Removed By: PONSELL | Request X | List

Alcohol Test 2	Type	Results	Drug Test 2	Type	Results

Driver Condition 1	Direction of Travel 1	Vision Obscured 1	Contributing Factors
Vehicle Condition 1	Vehicle Maneuver 5	Pedestrian Maneuver	1

Most Harmful Event 11 | Vehicle Class 1 | Vehicle Type 1

Traffic Control 7 | Device Inoperative? N

Injured Taken To: SAVANNAH MEMORIAL HOSPITAL | By: LIBERTY REGIONAL EMS

EMS Notified Time | EMS Arrival Time | Hospital Arrival Time | Photos Taken: N | By:

Reported By: SEHDERRA ALSTON | Department: MCINTOSH CO. SHERIFF'S OF | Report Date: 05/16/2009 | Checked By: JERRY MCCULLOUGH | Date Checked: 06/20/2009

Witness(es): Name | Address | City | State | Zip Code | Telephone

DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Carrier Name | Vehicle #

Address

City | State | Zip

Number of Axles | G.V.W.R. | Fed. Reportable | Cargo Body Type

Vehicle Config. | I.C.C.M.C.# | U.S.D.O.T.# | Interstate Intrastate

C.D.L.? | C.D.L. Suspended?

Vehicle Placarded? | Hazardous Materials? | Released?

If YES, Name or 4 Digit Number from Diamond or Box:

4 Digit Number from Bottom of Diamond:

Ran Off Road | Down Hill Runaway | Cargo Loss Shift | Separation of Units

Carrier Name | Vehicle #

Address

City | State | Zip

Number of Axles | G.V.W.R. | Fed. Reportable | Cargo Body Type

Vehicle Config. | I.C.C.M.C.# | U.S.D.O.T.# | Interstate Intrastate

C.D.L.? | C.D.L. Suspended?

Vehicle Placarded? | Hazardous Materials? | Released?

If YES, Name or 4 Digit Number from Diamond or Box:

4 Digit Number from Bottom of Diamond:

Ran Off Road | Down Hill Runaway | Cargo Loss Shift | Separation of Units

MAIL TO: Georgia Department of Transportation, ACCIDENT REPORTING UNIT, P.O. BOX 80447, CONYERS, GA 30013-8

REMARKS

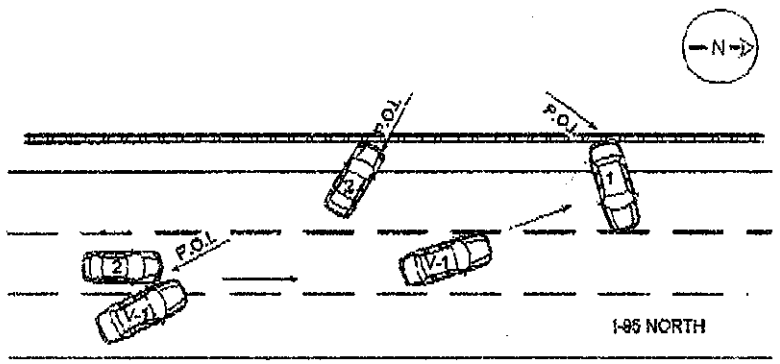
BASED ON THE STATEMENT OF DRIVER #2 SHE WAS DRIVING VEHICLE#2 NORTHBOUND IN THE FAR LEFT LANE ON INTERSTATE 95 WHEN SHE WAS STRUCK BY VEHICLE #1 CAUSING HER TO LOSE CONTROL AND STRIKE THE GUARDRAIL CAUSING EXTENSIVE DAMAGE TO VEHICLE #2.

BASE ON THE STATEMENT OF DRIVER#1 HE WAS DRIVING VEHICLE#1 NORTHBOUND IN THE FAR RIGHT LANE ON INTERSTATE 95 WHEN HE LOST CONTROL OF VEHICLE #1. DRIVER #1 STATED THAT HE DID NOT KNOW WHAT HE HIT BEFORE HE STRUCK THE GUARDRAIL.

BASED ON THE EVIDENCE AT THE SCENE VEHICLE #1 STRUCK THE LEFT FRONT OF VEHICLE #2 THEN CONTINUED ON TO STRIKE THE GUARDRAIL.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



NOT TO SCALE

Accident Investigation Site?	CITATION - VEHICLE # 1	CITATION - VEHICLE # 2
N		
Site Number:		

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character	Construction/ Maint.Zone
11	3	1	1	1	4	1	2	1	1	

	VEH. # 1	VEH. # 2
Number of Occupants	1	2
Point Of Initial Contac	12	12
Damage To Vehicles	4	4

SKID DISTANCE BEFORE IMPACT: 31FT After 120FT (VEH. 1) Width of Road

37FT After 277FT (VEH. 2) 36FT

Damage Other Than Vehicle: Owner:

Occupants	AGE	SEX	VEH NO.	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC	AIR BAG
Driver # 1 Or Pedestrian #					0	2	1	3	2	2
Driver # 2 Or Pedestrian #					4	1	1	3	2	2

Last Name	First	Address	City	State	Zip	AGE	SEX	VEH NO.	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC	AIR BAG
POWELL	DONNA	PO BOX 37	MARION	NC	28752	56	F	2	1	4	1	1	3	2	2