

Form Approved: OMB No. 2127-0008

DOT Auto Safety Hotline Vehicle Owner's Questionnaire Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline				FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		2009 JUN 19		Date Received 29-MAY-2009	Repository <input type="checkbox"/> Reference No. 10272370
<b>OWNER INFORMATION (Type or Print)</b>				Daytime Telephone Number	
Name		Address		E-mail Address	
City AUSTIN		State TX	Zip Code	Evening Telephone Number	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an _____ name or address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Signature of Owner _____				Date 6/1/09	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GKDT13S442 _____			Make GMC	Model ENVOY	Model Year 2004
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders 6	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s) 02-MAY-2009
		<input checked="" type="checkbox"/> Cruise Control			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 141000 AIR BAGS: FRONTAL				Failure Mileage 43608 42,606	Failure Speed 60
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)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Deaths 0	Reported to Police -# YES	
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; ie, parts repaired or replaced (and if old part is available).					
TL*THE CONTACT OWNS A 2004 GMC ENVOY. WHILE DRIVING 60 MPH WITH THE CRUISE CONTROL ACTIVATED, THE CONTACT SUFFERED A SEVERE MEDICAL FAILURE. HE LOST CONTROL OF THE VEHICLE AND CRASHED INTO A TREE. UPON IMPACT, BOTH FRONTAL AIR BAGS FAILED TO DEPLOY. THE CONTACT AND PASSENGER WERE SEVERELY INJURED. THE DRIVER SUSTAINED A BROKEN CLAVICLE AND A COUPLE OF TEETH WERE KNOCKED OUT OF HIS MOUTH. THE PASSENGER SUSTAINED A LACERATION TO THE HEAD AND ABDOMINAL INJURIES. THE VEHICLE WAS INSPECTED BY AN INSURANCE ADJUSTER, WHO WAS UNABLE TO DETERMINE WHY THE AIR BAGS DID NOT DEPLOY. THE VEHICLE WAS DESTROYED. THE CONTACT CALLED THE MANUFACTURER AND WAS INFORMED THAT AN INVESTIGATION WAS IMPLEMENTED AND A REPRESENTATIVE WILL CALL HIM BACK IN FIVE BUSINESS DAYS. THE FAILURE MILEAGE WAS 43,608. 42,606					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoic.				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 to 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.					

FROM : CALDWELL HIGHWAY PATROL

FAX NO. : 9795670349

May. 15 2009 01:49PM P2

*Handwritten signature and date: 5-9-09*

PI-2

Law Enforcement and TPOD Use Only

FATAL   
 ONLY INVOLVED   
 SCHOOL BUS RELATED   
 RAILROAD RELATED   
 MEDICAL ADVISORY BOARD   
 HIT AND RUN   
 AMENDMENT / SUPPLEMENT



### Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 148348, Austin, TX 78714  
 Questions? Call: 512/465-6760

Form CR-3 (Rev. 09/08) (CRS/EPIC)

PAGE 1 OF 2

PLACE WHERE CRASH OCCURRED \_\_\_\_\_

COUNTY Lee CITY OR TOWN \_\_\_\_\_

IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN 2 MILES  N  S  E  W  OF Dime Box

LOC# \_\_\_\_\_

CR# TX0260000

TPOD# \_\_\_\_\_

ROAD ON WHICH CRASH OCCURRED Highway 21 East CONSTRUCTION ZONE WORKERS PRESENT  YES  NO SPEED LIMIT 70

BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER OR STREET CODE \_\_\_\_\_

INTERSECTING STREET OR RR XING NUMBER \_\_\_\_\_ BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER OR STREET CODE \_\_\_\_\_

NOT AT INTERSECTION 0.2  FT.  MI.  N  S  E  W OF County Road 440 MILEPOST 602 LATITUDE 30.33747 LONGITUDE -96.90565

DATE OF CRASH May 2 2009 DAY OF WEEK Saturday HOUR 10:38  AM  PM

UNIT # 1 1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST 4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED 7-NON-CONTACT 8-OTHER VIN# 1GKDT13S442 ALTERED VEHICLE HEIGHT  YES  NO

YEAR MODEL 2004 COLOR & MAKE Red GMC MODEL NAME Envoy BODY STYLE 4 Door SUV LICENSE PLATE 09 T

DRIVER'S NAME [REDACTED] Austin, TX

DRIVER'S LICENSE TX [REDACTED] CLASSIFICATION C None RESTRICTIONS A 4/4/44 LICENSE STATUS 1

DRIVER'S ETHNICITY 1 DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION OTHER

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS \_\_\_\_\_

1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED

1-BLOOD 2-URINE 3-NONE 4-REFUSED

DRUG CATEGORY 1 \_\_\_\_\_ 2 \_\_\_\_\_

LIABILITY INSURANCE  YES  NO  EXP Farmers Insurance 800-225-0011 VEHICLE DAMAGE RATING 11-LD-3, 12-FC-5

UNIT # \_\_\_\_\_ 1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST 4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED 7-NON-CONTACT 8-OTHER VIN# \_\_\_\_\_ ALTERED VEHICLE HEIGHT  YES  NO

YEAR MODEL \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_ LICENSE STATUS \_\_\_\_\_

DRIVER'S ETHNICITY \_\_\_\_\_ DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION \_\_\_\_\_

TYPE OF ALCOHOL SPECIMEN TAKEN \_\_\_\_\_ TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN \_\_\_\_\_ TEST RESULTS \_\_\_\_\_

1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED

1-BLOOD 2-URINE 3-NONE 4-REFUSED

DRUG CATEGORY 1 \_\_\_\_\_ 2 \_\_\_\_\_

LIABILITY INSURANCE  YES  NO  EXP \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECTS Fence NAME AND ADDRESS OF OWNER Thomas Kicschaick 1897 SH 21 E. Lincoln, TX 78948 PART FROM CRISB 32 DAMAGE ESTIMATE \$200

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED

NAME None CHARGE \_\_\_\_\_ CITATION# \_\_\_\_\_

NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION# \_\_\_\_\_

TIME NOTIFIED OF CRASH 5/2/09 10:42 AM HOW BCSO TIME ARRIVED AT SCENE 5/2/09 11:38 AM DATE OF REPORT 5/2/09

TYPED OR PRINTED NAME OF INVESTIGATOR Trooper Robinson ID# 12132 AGENCY THP/DPS DISTRICT # 6C03 REPORT COMPLETE  YES  NO

FROM : CALDWELL HIGHWAY PATROL

FAX NO. : 9795670349

May. 15 2009 01:49PM P3

Form 002 (Rev. 03/08)

<b>SEAT POSITION</b> DRIVER LEFT FRONT CENTER FRONT RIGHT SECOND SEAT LEFT SECOND SEAT CENTER SECOND SEAT RIGHT	7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CRUISE AREA 11-OUTSIDE VEHICLE 12-UNKNOWN	<b>SOLICITATION</b> INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS INVOLVED PROFESSIONAL EMPLOYMENT AND/OR AN ATTORNEY, OTHER OPERATOR, PHYSICIAN, BUREAU, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REQUESTED OR LICENSED BY A REGULATORY AGENCY (YES/NO, N/A, NO SOLICIT)	<b>EJECTED</b> 1-NO 2-YES 3-PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	<b>RESTRAINT USED</b> 1-DRIVER'S LAP BELT 2-DRIVER'S SEAT BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNKNOWN	7-BOOSTER SEAT 8-NO 9-OTHER 10-UNKNOWN	<b>AIRBAG</b> 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN	<b>HELMET USE</b> 1-DRIVER, PASSENGER 2-DRIVER, NOT DAMAGED 3-DRIVER, UNKNOWN 4-DRIVER, DAMAGED 5-DRIVER, UNKNOWN 6-UNKNOWN	<b>INJURY SEVERITY</b> 1-KILLED 2-MAJOR INJURY 3-MINOR INJURY 4-POSSIBLE INJURY 5-NOT INJURED 6-UNKNOWN
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UNIT # **1** TOWED DUE TO  YES  NO  
 DISABLING DAMAGE  NO VEHICLE REMOVED TO **Govan's Towing, 248 County Road 133, Giddings, Texas 78942** BY **Doward Govan 979-542-0575**

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS (NAME, POSITION, RESTRAINT USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED)	EDL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	[REDACTED] Austin, TX		N	1	2	4		M	B
2	3	[REDACTED] Austin, TX		N	1	2	4		F	B
3										
4										
5										

UNIT # **1** TOWED DUE TO  YES  NO  
 DISABLING DAMAGE  NO VEHICLE REMOVED TO \_\_\_\_\_ BY \_\_\_\_\_

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS (NAME, POSITION, RESTRAINT USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED)	EDL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6										
7										
8										
9										
10										

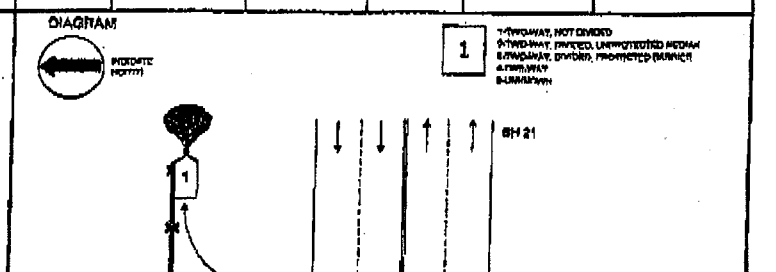
ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS (NAME, POSITION, RESTRAINT USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED)	EDL	ALCOHOL CONCENTRATION (PPT)	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
11										
12										
13										
14										

ITEM #	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE LAUNCH	# OF ATTENDANTS FOLLOWING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT
1	Caldwell St. Joseph Hospital	B&M	10:44AM	10:52AM	827	4	
2	Caldwell St. Joseph Hospital	B&M	10:44 AM	10:52AM	827	4	2

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)  
 Unit #1 E/B on SH 21. Unit #1 Driver passed out due to medical issues (diabetic). Unit #1 traveled off North side of the roadway striking a fence and tree.



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

VEHICLE	DRIVER/OPERATOR/CONTROLLER	OTHER FACTORS/CONDITIONS NOT ON DRIVER'S REPORT	VEHICLE DEFECTS
1	47		

1-DRIVER'S REPORT  
 2-ADVISOR'S REPORT  
 3-DRIVER'S STATEMENT  
 4-DRIVER'S STATEMENT  
 5-DRIVER'S STATEMENT  
 6-DRIVER'S STATEMENT  
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 98-DRIVER'S STATEMENT  
 99-DRIVER'S STATEMENT  
 100-DRIVER'S STATEMENT

<b>TRAFFIC CONTROL</b> 1-NO 2-YES 3-OTHER	<b>ROADWAY RELATION</b> 1-100% ROADWAY 2-50% ROADWAY 3-25% ROADWAY 4-OTHER
<b>PART OF THE ROADWAY</b> 1-MAIN LANE 2-ADJACENT LANE 3-OTHER	<b>ROADWAY ALIGNMENT</b> 1-LEFT TURN 2-SLASHING TURN 3-OTHER
<b>TYPE OF ROAD SURFACE</b> 1-ASPHALT 2-CONCRETE 3-OTHER	<b>WEATHER</b> 1-NO PRECIPITATION 2-RAIN 3-DRIZZLE 4-SNOW 5-ICE 6-OTHER
<b>VEHICLE DEFECTS</b> 1-NO 2-YES 3-OTHER	<b>SURFACE CONDITION</b> 1-DRY 2-PAVED 3-UNPAVED 4-OTHER

**FARMERS**

Send all claims correspondence to:  
Farmers Insurance Total Loss - COE  
PO Box 108815  
Oklahoma City OK 73101-8815  
FAX: (877) 217-1389  
Email: [claimsdocuments@farmersinsurance.com](mailto:claimsdocuments@farmersinsurance.com)

May 21, 2009

RE: Claim Number: [REDACTED]  
Policy Number: [REDACTED]  
Loss Date: 5/2/2009 12:00:00 AM  
VIN: 1GKDT13S442 [REDACTED]  
Odometer: 42606

Dear [REDACTED]

As we have previously discussed your vehicle has been determined to be a total loss. The value of the vehicle was based on the vehicle's actual cash value at the time of the loss. The vehicle's milcage, equipment, and condition are taken into account when determining the actual cash value. The amount of the payment was determined as follows:

Actual Cash Value:	\$13010.00
Sales Tax:	\$813.12
DMV Fees:	\$33.00
Less: Deductible	-\$750.00
<b>Total Amount</b>	<b>\$13106.12</b>

The actual cash value of your vehicle could be affected if it had a branded title or prior un-repaired damage. The amount considered for un-repaired prior damage in the determination of your vehicle's actual cash value was \$366.

I am committed to earning your satisfaction with the claims process. If you have any questions or concerns, please feel free to contact me at 1-800-445-8055 ext 26373

Sincerely,  
Farmers Texas County Mutual Insurance Company

Brad Darcey  
Total Loss Specialist  
Phone: 1-800-445-8055 ext. 26373

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.