

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline		Date Received JAN 28 2011 14-SEP-2010	
				Repository ☐	
				Reference No. 10355582	
OWNER INFORMATION (Type or Print)					
Name		[REDACTED]		Daytime Telephone Number	
Address		[REDACTED]		E-mail Address	
City		ELLISVILLE		Evening Telephone Number	
State		MS		[REDACTED]	
Zip Code		[REDACTED]			
<i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make		Model	
1FMZU67K14U [REDACTED]		FORD		EXPLORER SPORT TRA	
Model Year		2004			
Date Purchased		Dealer's Name and Telephone Number		Engine:	
Original Owner		Dealer's City		No: Cylinders	
[REDACTED]		State		Zip Code	
Transmission Type		Powertrain		Incident Date(s)	
☐ Antilock Brakes		Multiple Failure:		26-AUG-2010	
☒ Cruise Control					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 140000 AIR BAGS				Failure Mileage	
				87000	
				Failure Speed	
				30	
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		Failure Location:	
		☐ 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		Fire		Number of Persons Injured	
☒ Yes ☐ No		☐ Yes ☒ No		1	
				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 FORD EXPLORER SPORT TRAC. THE CONTACT WAS DRIVING 30 MPH WHEN A VEHICLE UNEXPECTEDLY PULLED IN FRONT OF HIM. THE CONTACT CRASHED INTO THE RIGHT PASSENGER SIDE OF THE OTHER VEHICLE AND THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED INJURIES TO THE LEFT SHOULDER AND WAS TRANSPORTED TO THE HOSPITAL VIA AMBULANCE. THE VEHICLE SUSTAINED EXTENSIVE DAMAGE TO THE FRONT END AND A BENT FRAME. THE VEHICLE WAS TOWED BY THE CONTACT'S INSURANCE COMPANY WHO DEEMED THE VEHICLE AS DESTROYED. A POLICE REPORT WAS AVAILABLE. THE MANUFACTURER WAS NOT CONTACTED. THE FAILURE MILEAGE WAS 87,000.					
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)

(See Police Report)

Other Vehicle Insurance Refused To Cover Accident

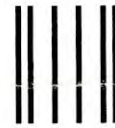
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U.S. Department
of Transportation

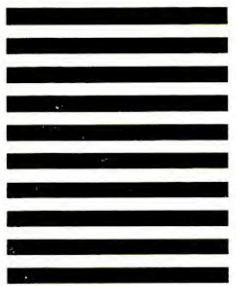
**National Highway
Traffic Safety
Administration**

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**



safecar.gov

**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safecar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



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



2004 Ford Explorer
Vehicle 1



STATE OF MISSISSIPPI
UNIFORM CRASH REPORT

Agency Number

3 4 0 2

Agency Case Number

2 0 1 0 0 2 5 9 4 8

Page

0 1

of

0 6

Agency Name

LAUREL POLICE DEPT

G1. County

3 4

G2. Status Code

☒ C ☐ P ☐ U

G3. Reported Date (MM/DD/YYYY)

0 8 / 2 6 / 2 0 1 0

G4. Reported Time (2400)

1 1 5 2

G5. Officer Time

Arrival Time (2400)

1 1 5 2

10-24 Time (2400)

1 2 2 5

G6. Vehicles

0 2

G7. Killed

0 0

G8. Injured

0 1

G9. Address Number

G10. Street Name

1 6 T H A V E

G11. Hwy/County Road #

G12. Trafficflow Direction

☐ N ☐ E
☒ S ☐ W

G13. Int.

☒ Y
☐ N

G14. Distance

G15. Direction

☐ F ☐ N ☐ E
☐ M ☐ S ☐ W

G16. Intersecting Street Name

4 T H S T R E E T

G17. Int. Hwy/County Road #

G18. City Name

L A U R E L

G19. Latitude

N 3 1 4 1 5 9 7

G20. Longitude

W 0 8 9 0 8 7 9 5

Crash with OMV in Road

- ☐ Rear end slow or stop
- ☐ Rear end turn
- ☐ Left turn same roadway
- ☒ Left turn cross traffic
- ☐ Right turn cross traffic
- ☐ Head on
- ☐ Sideswipe
- ☐ Angle
- ☐ Hit and run

Non-Crash in Road

- ☐ Overturn
- ☐ Jackknife
- ☐ Fall from vehicle
- ☐ Other

Fixed Object

- ☐ Bridge/Culvert
- ☐ Embankment/Ditch/Curb
- ☐ Guardrail/Median Barrier
- ☐ Tree
- ☐ Utility pole/light support
- ☐ Other fixed object
- ☐ Sign Post
- ☐ Signal standard

Non-Fixed Object

- ☐ Building/Other Structure
- ☐ Maint. Equip. - Not Moving
- ☐ Maint. Equip. - Moving
- ☐ Other non-fixed object

Crash of MV in Road with

- ☐ Pedestrian
- ☐ Parked Vehicle
- ☐ Train
- ☐ Bicyclist
- ☐ Deer
- ☐ Animal (other than deer)

☒ Roadway

- ☐ Off-Roadway
- ☐ Median
- ☐ Roadside
- ☐ Shoulder
- ☐ Parking Lot
- ☐ Gore

☐ None

- ☐ Four-way Inter
- ☒ T-Intersection
- ☐ Crossover
- ☐ Driveway
- ☐ Five-point or more
- ☐ Off Ramp
- ☐ On Ramp
- ☐ Path/Trail
- ☐ RR Xing
- ☐ Traffic Circle/Round
- ☐ Y-Intersection

☒ City Street

- ☐ State Highway
- ☐ U.S. Highway
- ☐ County Road
- ☐ Parking Lot/Private Drive
- ☐ Interstate
- ☐ Off Road
- ☐ State Park

☒ Daylight

- ☐ Dark-Lit
- ☐ Dark-Unlit
- ☐ Dawn
- ☐ Dusk

☒ Dry

- ☐ Wet
- ☐ Water
- ☐ Sand/Mud/Dirt/Oil/Gravel
- ☐ Ice
- ☐ Slush
- ☐ Snow

☒ Clear

- ☐ Blown Debris
- ☐ Rain
- ☐ Fog/Smog/Smoke
- ☐ Cloudy
- ☐ Sleet/Hail
- ☐ High winds
- ☐ Snow

☒ Not Workzone Related

- ☐ Within Construction Zone
- ☐ Advance Warning Area

☒ None

- ☐ Intermittent or Moving Work
- ☐ Lane Closure
- ☐ Lane Shift/Crossover
- ☐ Shoulder/Median Work
- ☐ Utility

WITNESS(ES)

G30. First Name

M

Last Name

G38. First Name

M

Last Name

G31. Address

G32. Phone Number

G39. Address

G40. Phone Number

G33. City

G34. State

G35. Zip Code

G41. City

G42. State

G43. Zip Code

G36. Sex ☐ M ☐ F

G37. Age

G44. Sex ☐ M ☐ F

G45. Age

G46. Badge Number

B 2 0 7

G47. Investigating Officer Name (Please Print)

KENNY ROGERS

G48. Officer Signature

KENNY ROGERS

G49. Reviewing Badge Number

b 1 3 2

G50. Reviewing Officer Initials

J C

G51. Photos Taken

☐ Y ☒ N

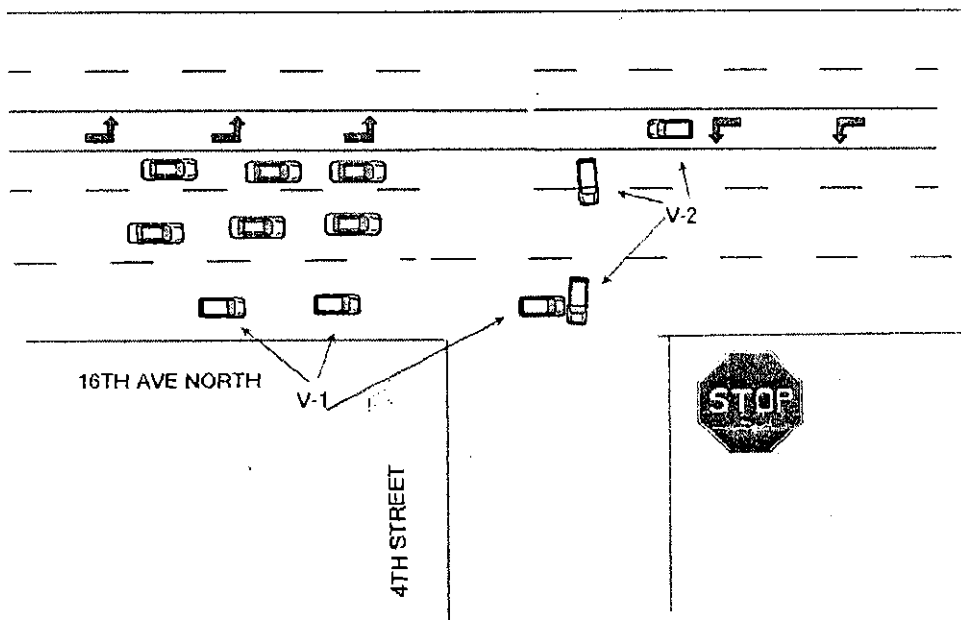
G52. Photographer and Badge #

N1. Collision Diagram



NOT TO SCALE

16TH AVE SOUTH



N2. Collision Narrative

DRIVER OF V-1 STATED AS HE WAS TRAVELING NORTH ON 16TH AVE, DRIVER OF V-2 WAS ATTEMPTING TO TURN LEFT ACROSS TRAFFIC ON TO 4TH STREET, WHEN V-1 HIT V-2 IN THE PASSENGER SIDE.

DRIVER OF V-2 STATED AS HE WAS TURNING EAST ON TO FRONT STREET, THE TRAFFIC IN THE FIRST TWO LANES STOPPED AND LET V-2 ACROSS TRAFFIC BUT DRIVER OF V-1 DID NOT SEE V-2 COMING ACROSS TRAFFIC, WHEN V-1 HIT V-2 IN THE PASSENGER SIDE OF VEHICLE.

[illegible]

Vehicle Information										Owner Information																																																																																																																																																																																																																																
V VIN: 1FMZV67K14U										V12. Owner Name: [Redacted]																																																																																																																																																																																																																																
V2. State: MS V3. Year: 2011 V4. License Plate Number: [Redacted]										V13. Address: [Redacted]																																																																																																																																																																																																																																
V5. Make: FORD V6. Model Year: 2004 V9. Damage: H L N										V14. City: LAUREL V15. State: MS V16. Zip Code: [Redacted]																																																																																																																																																																																																																																
V7. Vehicle Model: EXPLORER V8. Vehicle Color: WHITE V10. Speed Zone: 45										V17. No Proof of Insurance: [] V18. Insurance Company Name: STATE FARM V19. Policy Number: [Redacted]																																																																																																																																																																																																																																
Collision w/ Person, Vehicle/Non-fixed Object										Collision w/ Fixed Object																																																																																																																																																																																																																																
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C8. GVWR/GCWR										C17. Vehicle Configuration																																																																																																																																																																																																																																
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MUCR Vehicle		V0. Vehicle	V1. Total Occupants	Agency Number	Agency Case Number	Page	of
		02	02	3402	2010025948	06	06
Vehicle Information				Owner Information			
V. VIN 1 G N E C 0 3 0 2 9 R				V12. Owner Name JONES COUNTY SHERIFF DEPT			
V2. State MS				V13. Address LAUREL			
V3. Year 2011				V14. City LAUREL			
V4. License Plate Number				V15. State MS			
V5. Make CHEVY				V16. Zip Code			
V6. Model Year 2009				V17. No Proof of Insurance			
V7. Vehicle Model TAHOE				V18. Insurance Company Name SELF COUNTY			
V8. Vehicle Color SIL				V19. Policy Number NELL SHAFFER			
V9. Damage H L N							
V10. Speed Zone 45							
V11. Est. Speed 05							
Collision w/ Person, Vehicle/Non-fixed Object				Collision w/ Fixed Object			
Non-Collision				Vehicle Damaged/Damaged			
State Property?				State Property Damaged (Select all that apply):			
Signage				Cable Barrier			
Signals				Concrete Barrier			
Lighting				Other Concrete Structure			
Guardrail				Other (See Narrative)			
Going Straight				Avoidance			
Making Left Turn				Lane Change			
Stopped				Leaving Parking			
Slow/Stop in Road				Overtaking/Passing			
Parked				Parking Position			
Backing				Making U Turn			
Making Right Turn				In Tow			
Passenger Car				Bus			
Pickup Truck				Truck/Tractor/Trailers(s)			
SUV				Farm Tractor			
Van/Stationwagon				Farm Equipment			
Public Towing Trailer				Emergency Vehicle			
Motorcycle				Other			
RV				Unknown Truck			
ATV				Train			
V22a. Hazmat Placard/Cargo?				V22b. Bus Use			
Channel-Painted				Officer			
Channel-Physical				RR Flashing Signal			
Flag Person				RR Signal & Gate			
Flashing Signal (Red)				Signal			
Flashing Signal (Yellow)				Stop Sign			
No Passing				Railroad Sign			
None				Yield Sign			
V27. Device Functioning?				V28. Road Character			
Straight/Level				Bridge			
Intersect two roads				Private Drive			
Straight/Grade				Curve/Hillcrest			
Curve/Level				Crossover			
Straight/Hillcrest				Begin/End Divided Road			
Curve/Grade				One-Way			
V29. Road Design				V30. Divided?			
2 Lane				3 Lane			
4+ Lane				Frontage/Ramp			
Parking Lot				One Way			
1 Lane				Unpaved			
V31. Center Turn Lane?				V32. Road Surface Type			
Asphalt				Concrete			
Dirt				Gravel			
Other				See Narrative			
V33. Towed?				V33a. Due to Disabling Damage?			
Yes				Yes			
No				No			
V34. Authority:				V35. Towed By:			
Owner				SANFORD TOWING			
Police							
Other							
Commercial Vehicle							
C1. Carrier ID Number:				C2. Authority:			
US DOT				State			
Mexico				MC			
Canada							
C3. Carrier Name				C10. Commodity Hauled			
C4. Carrier Address				C11. Placard ID			
C5. City				C12. HAZMAT Released			
C6. State				Yes			
C7. Zip Code				No			
C8. GVWR/GCWR				C13. Vehicle Configuration			
10,000 lbs or less				Passenger Car (only if has HM Placard)			
10,001 lbs to 26,000 lbs				Light Truck (only if has HM Placard)			
Greater than 26,000 lbs				Bus (seats 9-15 incl. driver)			
Auto transporter				Bus (seats 16 or more, incl. driver)			
Cargo tank				Single-Unit Truck (2 axles, 6 tires)			
Flatbed				Single-Unit Truck (3 or more axles)			
Log				Truck/Trailers (Single-Unit Truck with Trailer(s))			
Dump				Truck/Tractor (Bobtail)			
Other				Truck/Semi-Trailer (one trailer)			
				Tractor/Doubles (two trailers)			
				Tractor/Triples (three trailers)			
				Other Heavy Truck (> 10,000 lbs)			
C14. Carrier Types				Not in Commerce - Other Truck or Bus			
Intrastate				Not in Commerce - Government			
Interstate				Other Operations/Not Specified			

MUCR		V0. Veh. #	P0. Person #	Agency Number	Agency Case Number	Page 05 of 06	
Person/Occupant		02	02	3402	2010025948		
P1. Person Type		Driver License#					
P2. Driver License#		P3. State					
P5. DOB MM/DD/YYYY		P4. Driver's License Class					
P6. First Name		Regular Operator					
P7. Address		CDL Class					
P9. City		P12. DL Status					
P10. State		P22. Safety Equip. (2)					
P11. Zip Code		P23. Injury Type					
P14. Trunk #		P24. Ejection					
P15. Release		P25. Extricated					
P16. EMS		P26. Sex					
P17. EMS Agency Code		P27. Race					
P18. Medical Facility Code		P28. Position					
P19. Condition		P29. Airbag					
P20. Non-Motorist Action		P30. Type					
P21. Circumstance (3)		P31. Status					
P22. Safety Equip. (2)		P32. Recall					
P23. Injury Type		P33. Drug Test Information					
P24. Ejection		P34. Status					
P25. Extricated		P35. Cellular Phone In Use?					
P26. Sex							
P27. Race							
P28. Position							
P29. Airbag							
P30. Type							
P31. Status							
P32. Recall							
P33. Drug Test Information							
P34. Status							
P35. Cellular Phone In Use?							
Occupant							
00. Vehicle #		01. First Name					
02. Address		03. Address					
04. City		05. State					
06. Sex		07. Safety Equip. (2)					
08. Race		09. Position					
09. Position		10. Injury Type					
10. Injury Type		11. Ejection					
11. Ejection		12. Status					
12. Status		13. Airbag					
13. Airbag		14. Medical					
14. Medical		15. EMS					
15. EMS		16. Agency Code					
16. Agency Code		17. Facility Code					
17. Facility Code							
Occupant							
00. Vehicle #		01. First Name					
02. Address		03. Address					
04. City		05. State					
06. Sex		07. Safety Equip. (2)					
08. Race		09. Position					
09. Position		10. Injury Type					
10. Injury Type		11. Ejection					
11. Ejection		12. Status					
12. Status		13. Airbag					
13. Airbag		14. Medical					
14. Medical		15. EMS					
15. EMS		16. Agency Code					
16. Agency Code		17. Facility Code					
17. Facility Code							

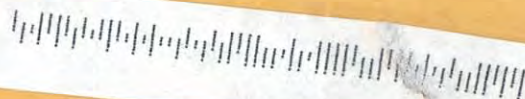
ELLISVILLE MS.



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 000.44⁰
0004419569 JAN 17 2011
MAILED FROM ZIP CODE 39440



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 000.78
0004419569 JAN 17 2011
MAILED FROM ZIP CODE 39440



X-RAYED
JAN 20 2011
SECURITY OPERATIONS

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
1200 NEW JERSEY AVE SE
WASHINGTON, DC 20077-9382