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	Repository
MAY 24 2011 15-APR-2011	☐
	Reference No. 10396009

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: CONCORD	State: GA	Zip Code: [redacted]	Evening Telephone Number: (SAME)

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4HD5722 8U [redacted]	BUICK	LUCERNE	2008

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
	CRONIC				
Original Owner ☑	Dealer's City: GRIFFIN, GA	State: GA	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s): 19-FEB-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	28248	45

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	1	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 OWNED A 2008 BUICK LUCERNE. WHILE DRIVING APPROXIMATELY 45 MPH, THE VEHICLE WAS INVOLVED IN A CRASH IN WHICH THE AIR BAGS DID NOT DEPLOY. THE CONTACT WAS TRANSPORTED TO THE HOSPITAL VIA AMBULANCE TO TREAT SERIOUS INJURIES. A POLICE REPORT WAS FILED AND THE CONTACT WAS THE ONLY PERSON REPORTED INJURED. THE VEHICLE WAS DESTROYED AND TOWED TO AN INSURANCE LOT. THE FAILURE WAS NEVER DIAGNOSED. THE FAILURE AND CURRENT MILEAGE WAS 28,248. THE VIN WAS UNAVAILABLE.

1G4HD5722 8U [redacted]
Will send pictures as soon as I can get copies. Had "Allstate Ins." to cover car only.

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 went off edge of road about 1 foot, tried to correct, I started trying to miss a ditch with a driveway that had a metal pipe over it, panicked, zig zagged a short distance then went across the road into a ditch, went up the bank, hit a tree, + came back into ditch. I was taken to hospital by ~~ambulance~~ ambulance with laceration of head, Chest pain + etc. (No other cars on the road.). ATTACH ADDITIONAL SHEETS IF NECESSARY Hospital bill + other bill, + Ambulance was around $12,000.00 and car was totaled.

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

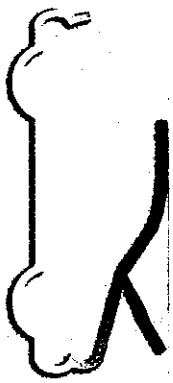
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

NHTSA
www.nhtsa.gov

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

DDS-32 (01/10)

GEORGIA
UNIFORM TRAFFIC CITATION, SUMMONS AND ACCUSATION

Court Case Number: | GAGSP0000 NCIC Number | E00397217 Citation Number

E00397217

GEORGIA DEPARTMENT OF PUBLIC SAFETY

Section I - Violator

Upon Month February (Day) 19 (Year) 2011 at 15:20 ☐A.M. ☒P.M.
Operator License No [redacted]
License Class or Type C State GA Endorsements [redacted] Expires 08/23/2012
Name [redacted] (Last) (First) (Middle)
Address [redacted]
City CONCORD State GA Zip Code [redacted]
DOB [redacted] Hair BRO Hgt 505 Wgt 145 Sex F Eyes BLU
Veh Yr. 2008 Make BUICK Style LUCERNE CXL Color UNK
Registration No. [redacted] Yr. 8/23/2011 State GA
CDL ☐YES ☒NO ACCIDENT ☒YES ☐NO INJURIES ☒YES ☐NO FATALITIES ☐YES ☒NO

Section II - Violation

☒ 2-LANE ROAD ☐VASCAR ☐Laser ☐Radar
Within the State of Georgia, did commit the following offense: SPEEDING ☐Patrol Vehicle ☐Other
(Clocked by / Serial #
Calibration/Check:) at MPH in a zone
☐ DUI (Test Administered: ☐ BLOOD ☐ BREATH ☐ URINE ☐ OTHER) DUI Test Results
TEST ADMINISTERED BY (If Applicable):
OFFENSE (Other than above) FAILURE TO MAINTAIN LANE
In Violation of Code Section: 40-6-48 of ☒State Law ☐Local Ordinance
Remarks

Section III - Location

WEATHER	(A) ROAD	(B)	TRAFFIC	LIGHTING	COMMERCIAL VEHICLE INFORMATION
☒Clear	☒Dry	☐Concrete	☒Light	☒Daylight	☐16+ Passengers
☐Cloudy	☐Wet	☒Blacktop	☐Medium	☐Darkness	☐Commercial Vehicle Violation
☐Raining	☐Ice	☐Dirt	☐Heavy	☐Other	☐Hazardous Material Violation
☐Other	☐Other	☐Other			

County Of SPALDING and miles of (city)
HOLLONVILLE RD
on at or near mile post or within (city)
at/on (secondary location)
OFFICER (Print) MCMILLAN, J.T. Badge# 894 Div. D-01 GSP

Section IV - Summons

You are hereby ordered to appear in Court to answer this charge on Tuesday, March 22, 2011
at 9:00 AM In the SPALDING COUNTY STATE COURT
at 132 EAST SOLOMON STREET, GRIFFIN, GA 30224

NOTICE: This citation shall constitute official notice to you that failure to appear in Court at the date and time stated on this citation to dispose of the cited charges against you shall cause the designated Court to forward your driver's license number to the Department of Driver Services, and your driver's license shall be suspended. (Georgia Code 17-6-11 and 40-5-66) The suspension shall remain in effect until such time as there is a satisfactory disposition in this matter or the Court notifies the Department of Driver Services.

UCENSE DISPLAYED IN LIEU OF BAIL ☒YES ☐NO RELEASED TO APPEAR
SIGNATURE ACKNOWLEDGES SERVICE OF THIS SUMMONS AND RECEIPT OF COPY OF SAME

Section V - Officer Cert

SIGNATURE
ARRESTING OFFICER'S CERTIFICATION
The undersigned has just and reasonable grounds to believe, and does believe, that the person named herein has committed the [redacted]
SIGNATURE [redacted] Badge # 894
Signature of Arresting Officer

AUTHORIZED AND APPROVED PURSUANT TO CODE 40-13-1 D.D.S. REG 375? 4570.19

VIOLATOR COPY

NCIC NO. GAGSP0000

E00397217

YOU ARE SCHEDULED TO APPEAR IN THE FOLLOWING COURT:
SPALDING COUNTY STATE COURT
AT THE FOLLOWING LOCATION:
132 EAST SOLOMON STREET
GRIFFIN, GA 30224
ON THE DATE: 3/22/2011 AT THE TIME: 9:00 AM
COURT PHONE: 770-467-4747

143.00

NOTICE

YOU HAVE BEEN SERVED WITH A CITATION AND SUMMONS. IF YOU FAIL TO APPEAR TO ANSWER THE CHARGE, A WARRANT WILL BE ISSUED FOR YOUR ARREST AND YOUR DRIVER'S LICENSE SHALL BE SUSPENDED BY THE GEORGIA DEPARTMENT OF DRIVER SERVICES.

You have been issued a traffic citation by the GEORGIA DEPARTMENT OF PUBLIC SAFETY. Law Enforcement Officers ARE NOT authorized TO SET OR ACCEPT Cash Traffic Bonds.

If your violation is to be released to a member of a Court or Sheriff's Office, you will have Bond Procedures explained to you by the accepting official.

If you were permitted to show your driver's license in Lieu of Bail pursuant to Georgia Code 17-6-11, presentation of the license does not excuse you from appearing in court and answering the charges against you. Your failure to appear as directed shall result in the automatic suspension of your driver's license by the Georgia Department of Driver Services.

A LICENSE MAY NOT BE DISPLAYED IN LIEU OF BAIL FOR THE FOLLOWING OFFENSES:

1. Homicide by vehicle.
2. Any felony in which a vehicle is used.
3. Hit and run or leaving the scene of an accident.
4. Racing.
5. Using vehicle in fleeing or attempting to elude officer.
6. Reckless driving.
7. Feticide by vehicle.
8. Serious injury by vehicle.
9. Homicide or serious injury by interfering with traffic control device or railroad sign/signal.
10. Controlled substance or marijuana offenses pursuant to 40-5-75.
11. Driving on suspended or revoked license.
12. Driving under the influence of alcohol/drugs.
13. Fraudulent or fictitious use of driver's license.
14. Aggressive Driving.

I, THE UNDERSIGNED, DO HEREBY ENTER MY WRITTEN, RATHER THAN PERSONAL APPEARANCE IN THE COURT CASE RESULTING FROM THE VIOLATION CHARGED ON THE REVERSE SIDE OF THIS CITATION. I UNDERSTAND THAT BY PAYING MY FINE AND NOT PERSONALLY APPEARING BEFORE THE COURT I AM WAIVING ANY RIGHT THAT I MIGHT HAVE HAD TO A TRIAL BY JUDGE OR JURY AND TO BE REPRESENTED BY COUNSEL. I FURTHER UNDERSTAND THAT BY PAYING THE FINE, I HAVE PLED GUILTY TO THE OFFENSE AS CHARGED.

SIGNATURE OF ACCUSED

_____