

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

Form Approved OMB No. 3127-0008

 U.S. Department of Transportation National Highway Traffic Safety Administration		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 FEB - 9 2012 22-DEC-2011		Repository ☐ Reference No. 10441022	
OWNER INFORMATION (Type or Print)							
Name				Daytime Telephone Number		E-mail Address	
Address				Evening Telephone Number			
City		State		Zip Code			
ODESSA		TX					
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	
2B3CJ4DV0AH				DODGE		CHALLENGER	
Model Year				Engine		Fuel Type	
2010				3.5		GAS	
Date Purchased		Dealer's Name and Telephone Number		No. Cylinders			
12/10/2010		ALL AMERICAN CHEVROLET (432) 337-6601		6			
Original Owner		Dealer's City		State		Zip Code	
A		ODESSA		TX		79701	
Transmission Type		☐ Antilock Brakes		Powertrain		Multiple Failure:	
AUTOMATIC		☒ Cruise Control				2	
				Incident Date(s)			
				01-DEC-2011		30/11/2011	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 140000 AIR BAGS						Failure Mileage	
						17000	
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		Fire		Number of Persons Injured		Number of Deaths	
☒ Yes ☐ No		☐ Yes ☒ No		X 3		0	
Reported to Police		X 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; i.e., parts repaired or replaced (and if old part is available).							
THE CONTACT OWNS A 2010 DODGE CHALLENGER. THE CONTACT WAS DRIVING 20 MPH WHEN A VEHICLE CRASHED INTO THE REAR OF THE CONTACT'S VEHICLE, CAUSING THE CONTACT TO CRASH INTO A TRUCK. THE AIR BAGS DID NOT DEPLOY. THERE WERE TWO INJURIES REPORTED AND A POLICE REPORT WAS FILED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VEHICLE WAS IN THE PROCESS OF BEING REPAIRED. THE FAILURE AND THE CURRENT MILEAGE WAS 17,000. THE VIN WAS UNAVAILABLE.							
* SEE ATTACH ADDITIONAL SHEET							
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 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.							

I was driving west on 8th Street and crossing Texas Street on a green light. The truck in front was at a stop, forcing me to stop. As I look at in the rear mirror I noticed that the truck behind was not aware that I had stopped, thus hitting me from the back causing me to hit the truck in front. The street that we were on has a speed limit of 35mph. as that said I do not know how fast the truck behind was going. But due to the damages to the car, my daughter, and I, I can assume that the truck behind was driving faster than 35mph. the truck I was force to hit was a Chevrolet Silverado, and the truck that hit me was as pick-up Chevrolet truck. The airbags did not deploy or the seatbelts that my daughter and I were wearing did not lock as they should. Since the seatbelt did not lock the impact made me go forward making me twist my right thumb and slamming me back hurting my neck and back. My daughter was force to go forward and almost hit head in the dashboard and her knee, than slamming her back causing damage to her neck and back.

* ADDITIONAL SHEET

Law Enforcement and TxDOT Use ONLY

FATAL CMV SCHOOL BUS

RAILROAD

MAB

SUPPLEMENT

ACTIVE

SCHOOL ZONE

Total

Num.

Units

Total

Num.

Units

3

Total

Num.

Units

TxDOT

Crash ID

6

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780

Refer to Attached Code Sheet for Numbered Fields

** These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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* Crash Date (MM/DD/YYYY) 11/13/01 2011		* Crash Time (24HRMM) 1235		Case ID 11-21586		Local Use	
* County Name Ector		* City Name Odessa		Outside City Limit			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? ☐ Yes ☒ No		Latitude (decimal degrees)		Longitude (decimal degrees)			
ROAD ON WHICH CRASH OCCURRED							
* 1 Rdwy. Sys. LR		* Hwy. Num. 1		Block Num. 200		3 Street Prefix E	
* Street Name 826		4 Street Suffix ST		Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		Toll Road/Toll Lane	
Speed Limit 35		Const. Zone LMS		Workers Present LMS		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. No		1 Rdwy. Sys. LR		Hwy. Num. 1		Block Num. 800	
3 Street Prefix N		Street Name Texas		4 Street Suffix AVE		RRX Num.	
Distance from Int. or Ref. Marker		3 Div. from Int. or Ref. Marker		Reference Marker		Street Desc.	
Unit Num. 1		5 Unit Desc. 1		Parked Vehicle		Hit and Run	
LP State TX		LP Num.		VIN LGC0C14K4L2		Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	
Veh. Year 1990		8 Veh. Color WHZ		Veh. Make Chevrolet		Veh. Model	
7 Body Style PK		9 DL Type		10 CDL Class		11 DL End	
12 DL Rest		DOB (MM/DD/YYYY)		13 DL		14 DL	
Address (Street, City, State, ZIP)							
Person Num. 1							
Name: Last, First, Middle							
Enter Driver or Primary Person for this Unit on first line							
14 Injury Severity							
Age							
15 Ethnicity							
16 Sex							
17 Eject							
18 Rest							
19 Airbag							
20 Helmet							
21 Sol.							
22 Alc. Spec.							
Alc. Result							
23 Drug Spec.							
24 Drug Result							
25 Drug Category							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
Owner Lessee							
Name & Address							
Proof of Fin. Resp. Yes ☐ Expired 28 Fin. Resp. No ☐ Exempt Resp. Type							
Fin. Resp. Name							
Fin. Resp. Num.							
27 Vehicle Damage Rating 1							
27 Vehicle Damage Rating 2							
Vehicle Inventoried Yes ☐ No ☐							
Towed By							
Towed To							
Unit Num. 2		5 Unit Desc. 1		Parked Vehicle		Hit and Run	
LP State TX		LP Num.		VIN 2B3CJ340V0AH		Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	
Veh. Year 2010		8 Veh. Color SIL		Veh. Make Dodge		Veh. Model Challenger	
7 Body Style P2		9 DL Type		10 CDL Class C		11 DL End 96	
12 DL Rest 96		DOB (MM/DD/YYYY)		13 DL		14 DL	
Address (Street, City, State, ZIP)							
Person Num. 1							
Name: Last, First, Middle							
Enter Driver or Primary Person for this Unit on first line							
14 Injury Severity							
Age							
15 Ethnicity							
16 Sex							
17 Eject							
18 Rest							
19 Airbag							
20 Helmet							
21 Sol.							
22 Alc. Spec.							
Alc. Result							
23 Drug Spec.							
24 Drug Result							
25 Drug Category							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
Owner Lessee							
Name & Address							
Proof of Fin. Resp. Yes ☐ Expired 28 Fin. Resp. No ☐ Exempt Resp. Type							
Fin. Resp. Name							
Fin. Resp. Num.							
27 Vehicle Damage Rating 1							
27 Vehicle Damage Rating 2							
Vehicle Inventoried Yes ☐ No ☐							
Towed By							
Towed To							
Unit Num. 2		5 Unit Desc. 1		Parked Vehicle		Hit and Run	
LP State TX		LP Num.		VIN 2B3CJ340V0AH		Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	
Veh. Year 2010		8 Veh. Color SIL		Veh. Make Dodge		Veh. Model Challenger	
7 Body Style P2		9 DL Type		10 CDL Class C		11 DL End 96	
12 DL Rest 96		DOB (MM/DD/YYYY)		13 DL		14 DL	
Address (Street, City, State, ZIP)							
Person Num. 1							
Name: Last, First, Middle							
Enter Driver or Primary Person for this Unit on first line							
14 Injury Severity							
Age							
15 Ethnicity							
16 Sex							
17 Eject							
18 Rest							
19 Airbag							
20 Helmet							
21 Sol.							
22 Alc. Spec.							
Alc. Result							
23 Drug Spec.							
24 Drug Result							
25 Drug Category							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
Owner Lessee							
Name & Address							
Proof of Fin. Resp. Yes ☐ Expired 28 Fin. Resp. No ☐ Exempt Resp. Type							
Fin. Resp. Name							
Fin. Resp. Num.							
27 Vehicle Damage Rating 1							
27 Vehicle Damage Rating 2							
Vehicle Inventoried Yes ☐ No ☐							
Towed By							
Towed To							

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)							
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.							
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address							
CHV	Unit Num.	☐ 10,001+ LBS.	☐ TRANSPORTING HAZARDOUS MATERIAL	☐ 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.						
	Carrier's Corp. Name			Carrier's Primary Addr.									
	30 Rwy. Access	31 Veh. Type	☐ RGWW ☐ GVWR	HazMat Released ☐ Yes ☐ No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num. HazMat ID Num.						
	33 Cargo Body Style	Trailer 1	Unit Num. ☐ RGWW ☐ GVWR	34 Trk. Type	Trailer 2	Unit Num. ☐ RGWW ☐ GVWR	34 Trk. Type						
	Sequence Of Events	36 Seq. 1	36 Seq. 2	36 Seq. 3	36 Seq. 4	Total Num. Axles	Total Num. Tires						
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1		22		98		1	1	4	1	1	5	
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale							
	See page 4					Indicate North							
						See Page 4							

Law Enforcement and TxDOT Use ONLY

FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE ☐Total Num. Units 3 Total Num. Persons 6 TxDOT Crash ID 11-21586

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 488-8780

Refer to Attached Code Sheet for Numbered Fields

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* These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

* Crash Date (MM/DD/YYYY) <u>1.1.30.1.20.1.1</u>		* Crash Time (24HRMM) <u>1.2.3.5</u>		Case ID <u>11-21586</u>		Local Use	
* County Name <u>Ector</u>		* City Name <u>Odessa</u>		☐ Outside City Limit			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? ☒ Yes ☐ No		Latitude (decimal degrees)		Longitude (decimal degrees)			
ROAD ON WHICH CRASH OCCURRED							
* 1 Rwy. Sys. <u>LR</u>		* Hwy. Num. <u>1</u>		2 Rwy. Part <u>1</u>		Block Num. <u>200</u>	
3 Street Prefix <u>E</u>		* Street Name <u>8th</u>		4 Street Suffix <u>ST</u>			
☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		☐ Toll Road/Toll Lane		Speed Limit <u>35</u>		Const. Zone <u>No</u>	
Workers Present <u>No</u>		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <u>Yes</u>		1 Rwy. Sys. <u>LR</u>		2 Rwy. Part <u>1</u>		Block Num. <u>810</u>	
3 Street Prefix <u>N.</u>		Street Name <u>Texas</u>		4 Street Suffix <u>AVE</u>			
Distance from Int. or Ref. Marker		FT <u>3</u> Dir. from Int. or Ref. Marker		Reference Marker		Street Desc.	
Unit Num. <u>3</u>		5 Unit Desc. <u>1</u>		Parked Vehicle ☐ Hit and Run ☐ LP State <u>TX</u>		LP Num. <u>VIN 2GCEC13T1S1</u>	
Veh. Year <u>2000</u>		6 Veh. Color <u>WHZ</u>		Veh. Make <u>Chevrolet</u>		Veh. Model <u>Silverado</u>	
7 Body Style <u>PK</u>		☐ Emergency (Explain in Narrative if checked)					
8 DLID Type <u>1</u>		DLID State <u>TX</u>		9 DL Class <u>C</u>		10 CDL End. <u>96</u>	
11 DL Rest. <u>96</u>		DOB (MM/DD/YYYY)					
Address (Street, City, State, ZIP)		<u>Odessa, TX</u>					
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. <u>1</u>		12 Pos. Type <u>1</u>		13 Seat Position <u>1</u>		14 Injury Severity <u>N</u>	
15 Age <u>49</u>		16 Sex <u>W</u>		17 Eject. <u>1</u>		18 Rest. <u>1</u>	
19 Airbag <u>1</u>		20 Helmet <u>1</u>		21 Sol. <u>1</u>		22 Alc. Spec. <u>96</u>	
23 Drug Spec. <u>96</u>		24 Drug Result <u>97</u>		25 Drug Category <u>97</u>			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
Owner Owner/Lessee Name & Address <u>ECISD 2225 W. 8th Odessa, TX 79703</u>							
Proof of Fin. Resp. <u>Yes</u>		26 Fin. Resp. Type <u>1</u>		Fin. Resp. Name <u>TASB Risk Management</u>		Fin. Resp. Num. <u>068901-120901</u>	
Fin. Resp. Phone Num. <u>800-482-7276</u>		27 Vehicle Damage Rating 1 <u>6</u>		27 Vehicle Damage Rating 2 <u>0.0-1</u>		Vehicle Inventoried ☐ Yes ☒ No	
Towed From <u>From 800 by Gary Weatherford</u> Towed To							
Unit Num. <u>5</u>		5 Unit Desc. <u>1</u>		Parked Vehicle ☐ Hit and Run ☐ LP State <u>TX</u>		LP Num. <u>VIN</u>	
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DLID Type		DLID State		9 DL Class		10 CDL End.	
11 DL Rest.		DOB (MM/DD/YYYY)					
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Pos. Type		13 Seat Position		14 Injury Severity	
15 Age		16 Sex		17 Eject.		18 Rest.	
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.	
23 Drug Spec.		24 Drug Result		25 Drug Category			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
Owner Owner/Lessee Name & Address <u>Lessee Name & Address</u>							

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