



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

JUL 12 2012  
14-JUN-2012

Repository

Reference No.  
10461777

**OWNER INFORMATION (Type or Print)**

Name

Address

City ABERDEN

State MS

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

IGNDT135952

Make  
CHEVROLET

Model  
TRAILBLAZER

Model Year  
2005

Date Purchased  
DEC 26 10

Dealer's Name and Telephone Number  
CARL HOGAN HONDA 328 8236

Engine:  
No: Cylinders  
6

Fuel Type:  
GAS

Original Owner

Dealer's City  
COLUMBUS MS 39703

State  
MS

Zip Code  
39703

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:  
EMERGENCY BRAKE  
AIR BAG

Incident Date(s)  
01-JUN-2012

Cruise Control

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage  
100000

Failure Speed  
5 MPH

**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: ABERDEN MS

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

Yes  No

Fire

Yes  No

Number of Persons Injured  
1

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; i.e, parts repaired or replaced (and if old part is available).

TL\* THE CONTACT OWNS A 2005 CHEVROLET TRAIL BLAZER. THE CONTACT STATED THAT WHILE ATTEMPTING TO PARK, THE CONTACT ERRONEOUSLY APPLIED THE ACCELERATOR AND THE CRASHED INTO A CEMENT WALL. THE FRONT DRIVER SIDE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED INJURIES TO THE CHEST AND BACK. THE VEHICLE WAS TOWED TO A LOCAL BODY SHOP BUT WAS NOT REPAIRED. THE VIN WAS NOT AVAILABLE. THE FAILURE AND THE CURRENT MILEAGE WAS 100,000.

KOBT SLIPPED OFF BRAKE - HIT GAS - SLIPPED OFF. PULLED EMERGENCY BRAKE IT DID NOT WORK, AIR BAG DID NOT COME OUT

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.

**Narrative Description of incident(s), Failure(s), Crash(es), and Injury(ies)**

WATER PARKING LOT SLIPPED OFF BRAKE HIT  
GAS, SLIPPED OFF PULLED EMERGENCY BRAKE  
IT DID NOT WORK, THE COVERBLE STEPS  
AIR BAG DID NOT COME OUT, SEAT BELT  
TOOK SKIN OFF NECK, CHEST HIT STEERING  
WHEEL. X RAYS SHOWED SEVERE BRUISING,  
STILL HAVING PAIN THROUGH BODY



ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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

**SaferCar.gov**

# Aberdeen Police Department Offense/Incident Report

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COPY

Date of Report: **06-03-2012** Classification: \_\_\_\_\_ No: **26673-12**

Complainant or Firm: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone (Business): \_\_\_\_\_  
 N/A W F \_\_\_\_\_

Complainant Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone (Residence): \_\_\_\_\_  
 \_\_\_\_\_ East Aberdeen, MS \_\_\_\_\_ N/A

Complainants Business or School: \_\_\_\_\_ Address: \_\_\_\_\_ Job Title/Grade: \_\_\_\_\_ Will Complainant Prosecute? \_\_\_\_\_  
 N/A N/A N/A Yes  No

Offense/Incident as Reported: **Vehicle Accident** Location: **Quick Cash Commerce St.** Type Premises: **Parking Space**  
 Day/Date/Time of Incident: **Sun/06-03-2012/** Reported By: **Unknown** Reported To: **Dispatch** How Reported: **Phone**

Bodily Injuries: Yes  No  Victim Taken To: **Aberdeen ER** Transported By: **Med Stat** Describe Injuries: **Laceration to neck** Condition: **Unknown**

MO: \_\_\_\_\_ How Done: \_\_\_\_\_ Force Used: \_\_\_\_\_ With What Tool or Weapon: \_\_\_\_\_ Other Acts or Trademarks: \_\_\_\_\_  
 N/A

Vehicle Involved: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body Style: \_\_\_\_\_ License Number: \_\_\_\_\_ Year State: \_\_\_\_\_ V.I.N.: \_\_\_\_\_  
 Yes  No  **2005 Chevy LST White VIN#1GNDT13S952** TAG# \_\_\_\_\_

Codes S-Stolen Property D-Damaged Property L-Lost Property F-Found Property				
Code	Description (Size Color Model Style Material Condition)	Serial Number	Where Purchased	Value
PROPERTY SECTION	D	Front End Damage		Unknown

Disposition of Property: \_\_\_\_\_ Total Value: **Unknown**

Witness Name	Best Contact Address	Age	Best Phone	Other Phone
1 Unknown	N/A	N/A	N/A	N/A
2 N/A	N/A	N/A	N/A	N/A

Name and Address of Suspect(s) (Age, Race, Sex, Description, Relation to Complainant or Witness)
1 N/A
2 N/A

Details Not Covered Above:

On the above date and approximate time I responded to a 10-50 on Commerce St. at the Quick Cash. I arrived on scene and observed \_\_\_\_\_ vehicle sitting on the sidewalk in front of the building. \_\_\_\_\_ stated that she thinks that her foot slipped off of the brake and she ran into the concrete steps leading up to the building. There was no damage to the building. \_\_\_\_\_ was transported to the hospital and the vehicle was towed at the owners request.

State Farm Insurance #: \_\_\_\_\_

Shift Leader Signature: *B. Davidson* Badge #: **712**

Investigating Officer(s): **B. Davidson** Report Made By: **B. Davidson** Date: **06-03-2012**

Case Filed? Yes  No  This Case Is: Cleared By Arrest  Unfounded  Inactive  Other  Approved By: \_\_\_\_\_ Badge No: \_\_\_\_\_

Use Supplementary Report For Additional Information: Not Covered Above.