


INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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 OCT 31 2012 27-SEP-2012		Repository <input type="checkbox"/> Reference No. 10477257	
OWNER INFORMATION (Type or Print)							
Name				Daytime Telephone Number		E-mail Address	
Address				Evening Telephone Number			
City		State		Zip Code			
CHRISTOPHER		IL					
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
1GNDT135052				CHEVROLET		TRAILBLAZER	2005
Date Purchased		Dealer's Name and Telephone Number			Engine:		Fuel Type:
4/7/2007		RON WARD (618) 988-1447			No: Cylinders		
Original Owner		Dealer's City		State	Zip Code		
<input type="checkbox"/>		HERRIN,		IL	42948		
Transmission Type		Powertrain		Multiple Failure:		Incident Date(s)	
<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control				AIR BAGS		20-MAY-2012	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 140000 AIR BAGS						Failure Mileage	Failure Speed
						108429	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)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1	0	N	
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 TRAILBLAZER. THE CONTACT STATED THAT WHILE DRIVING 30 MPH ATTEMPTING TO AVOID IMPACTING A DEER ON THE ROAD, HE CRASHED OFF A 9 FOOT EMBANKMENT AND NONE OF THE AIR BAGS DEPLOYED. THE CONTACT BECAME UNCONSCIOUS AFTER HIS HEAD CRASHED INTO THE STEERING WHEEL. ALSO, THE CONTACT SUFFERED SEVERE NECK INJURIES. THE VEHICLE WAS INSPECTED BY THE DEALER BUT THE RESULTS WERE INCONCLUSIVE. THE MANUFACTURER WAS NOTIFIED BUT OFFERED NO ASSISTANCE. THE FAILURE AND CURRENT MILEAGE WAS 108,429. THE VIN WAS UNAVAILABLE.							
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)

Car part sikeston, mo lot # number is 17955522
Phone number [REDACTED]

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

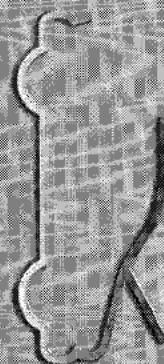


**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**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**



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



U100343904

A Diagram and Narrative are required on all Type B crashes even if units have been moved prior to the officer's arrival.

URBAIN ROAD

9' DEEP DRAINAGE DITCH

400 yds
Approx

10' EMBANKMENT

STATE RTE 14



COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Yes No

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Yes No Unknown

Did HAZMAT Regulations violation contribute to the crash? Yes No Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Yes No Unknown

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Yes No Unk Out of Service? Yes No

MCS Yes No Unk Out of Service? Yes No

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Yes No

TRAILER WIDTH(S) 0-96" 97-102" > 102"

TRAILER 1

TRAILER 2

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: CITY OF OR NEAREST CITY

_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

SELECT CODE FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

NARRATIVE (Refer to vehicle by Unit No.)

Driver states Unit 1 was eastbound Rte14 at or below the posted speed limit of 55MPH. Driver stated a deer ran out in front of Unit 1. Driver took evasive action swerving to the left across oncoming lanes of traffic to avoid a collision. Unit 1 proceeded off roadway, down an embankment approx 10' deep, impacting a ditch, and then continued across a field. Unit1 continued approx 200 yds north proceeding up an dirt levy and coming to rest in a field drainage ditch. Driver stated he did not remember anything after leaving the roadway. He said he came to with the vehicle in gear, foot on accelerator, in the drainage ditch, stuck. Driver felt the impact of the first ditch must have "knocked" him out. Driver got out of the vehicle and made his way back to Rte 14 where he hitchhiked into Benton and called the Benton Police. Subject was transported to Franklin ER when responding Officers learned the subject had been rendered unconscious in the collision. R/O met with Driver Brock at the Benton ER. Brock did not display any signs of impairment from alcohol or other illicit means. His recollection of the accident was minimal after leaving the roadway.

Vehicle was located approx 400 yds east of Urbain Rd and 200 yds North of Rte 14 in a drainage ditch approx 9' deep. Vehicle was removed from accident scene by Millers Towing of Christopher 05-21-12 during daylight hours.

LOCAL USE ONLY

U 1 Color **MAR**

U 0 Color

U 1 Towed by / to

U 0 Towed by / to

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

^J
Marion Norris

997-4960

4417 1226

4653 4835

10-15

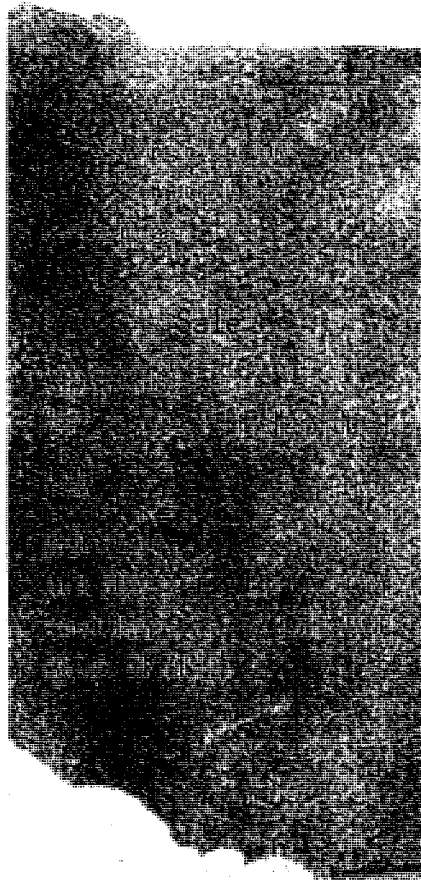
032

11814

62959

2100

Justine Doyle



























Christopher, IL.



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1200 New Jersey Ave SE.
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20077-9382