

 <p>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</p>			FOR AGENCY USE ONLY 100148	
			Date Received SEP 17 2013 26-AUG-2013	Repository <input type="checkbox"/>
			Reference No. 10537366	
OWNER INFORMATION (Type or Print)				
Name	[REDACTED]		Daytime Telephone Number	E-mail Address
Address	[REDACTED]		Evening Telephone Number	
City	GREENBORO	State	NC	Zip Code
	[REDACTED]			
<p>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).</p>				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KNAFB161715 [REDACTED]		Make KIA	Model SPECTRA	Model Year 2001
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s) 24-AUG-2013
	<input type="checkbox"/> Cruise Control			
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: 140000 AIR BAGS			Failure Mileage 140000	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)	<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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police N
<p>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).</p>				
<p>TL* THE CONTACT OWNS A 2001 KIA SPECTRA. THE CONTACT STATED THAT WHILE DRIVING 30 MPH, HE CRASHED INTO THE REAR OF ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THE DRIVER SUSTAINED BRUISING AND SEVERE PAIN FROM THE SEAT BELT RESTRAINING HER NECK AND CHEST AREA. A POLICE REPORT WAS FILED OF THE INCIDENT. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC AND THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 140,000.</p>				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>				

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

I also have pictures I can send via email -

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



THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

2

No. of Units Involved Form **1** of **3** Supplemental Report Non-Reportable **20130824188**

Date Received by DMV

3 Crash Date **08/24/2013** County **GUILFORD** Time **13:47** Local Use/Patrol Area **TRACT 81**

3 33 Relation to Roadway Surface **1** Crash occurred In **GREENSBORO** Municipality or Outside municipality
 on **LCL SPRING GARDEN ST.** Ramp or Service Road (R.R. Crossing # _____) Miles **355** ft. N S E W
 from **LCL WARREN ST.** toward **LCL MAYFLOWER DR.** (If available)
 Use Highway Number, Street Name or Adjacent County or State Line. N S E W Use Highway Number, Street Name or Adjacent County or State Line. Latitude _____ Longitude _____ Altitude _____

UNIT # **1** VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE UNIT # **2** VEHICLE PEDESTRIAN HIT & RUN OTHER

4 Driver **[REDACTED]** Driver **[REDACTED]**
 First Middle Last Suffix First Middle Last Suffix

5 1 Address **[REDACTED]** Address **[REDACTED]**
 City **NASHVILLE** State **TN** Zip **[REDACTED]** City **GREENSBORO** State **NC** Zip **[REDACTED]**

6 Same Address on Driver's License? Yes No Driver's Phone Numbers H (_____) W (_____) Same Address on Driver's License? Yes No Driver's Phone Numbers H (_____) W (_____) D.L. Class **TN** D.L. Class **C** State **TN** State **NC**

2 DOB **[REDACTED]** 34 Vision Obstruction **0** 35 Physical Condition **1** 36 D.L. Restrictions **[REDACTED]** DOB **[REDACTED]** 34 Vision Obstruction **0** 35 Physical Condition **1** 36 D.L. Restrictions **1**

7 1 37 Alcohol/Drugs Suspected **0** 38 Alcohol/Drugs Test **0** 39 Results (if known) **0** 40 Vehicle Seizure (DWI) 37 Alcohol/Drugs Suspected **0** 38 Alcohol/Drugs Test **0** 39 Results (if known) **0** 40 Vehicle Seizure (DWI)

Owner **ENTERPRISE** **EAN HOLDINGS LLC**
 Same as Driver? Same as Driver?
 Address **6929 N. LAKEWOOD AVE 100** Address **[REDACTED]**
 Same Address as Driver? Same Address as Driver?

City **TULSA** State **OK** Zip **[REDACTED]** City **GREENSBORO** State **NC** Zip **[REDACTED]**

Plate # **[REDACTED]** Plate **NC** Plate **2014** Plate # **[REDACTED]** Plate **NC** Plate **2014**

VIN **2GNALDEK5D6** VIN **KNAFB161715**

Vehicle Make **CHEV** Vehicle Year **2013** 41 Vehicle Style (Type) **4** 42 Vehicle Drivable Yes No Vehicle Make **KIA** Vehicle Year **2001** 41 Vehicle Style (Type) **1** 42 Vehicle Drivable Yes No

43 TAD **BD 2** 44 Estimated Damage **\$1,500.00** 43 TAD **FD 4** 44 Estimated Damage **\$3,500.00**

Insurance Company **SELF-INSURED** Insurance Company **STATE FARM MUTUAL AUTOMOBILE**

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source, Carrier Identification Numbers, GVWR, Axles
 Unit _____ 45 Cargo Body Type _____ Same Address as Owner? _____ Source: Truck Shipping papers Driver _____ US DOT# _____ ICC# _____ State _____ State _____ IFTA# _____ Gross Vehicle Weight Rating _____

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1, Unit 2, Driver, Ped, etc. - See Above). Use check blocks if address same as Driver
A	1	1	1		W	F	2	1	3	2	1	5	Unit 1 Towed To By: DESTINATION-ON WAY DRIVER
B	2	1	1		W	F	2	1	3	2	1	4	Unit 2 Towed To By: TOWING COMPANY CASEY'S TOWING
C	1	2	3		W	M	2	1	3	2	1	5	NASHVILLE TN [REDACTED]
D	1	2	4		W	M	2	1	3	2	1	5	SPRING HILL TN [REDACTED]
E	1	2	6		W	F	2	1	3	2	1	5	NASHVILLE TN [REDACTED]
F	2	2	3		B	M	2	1	3	2	1	4	GREENSBORO NC [REDACTED]
G													
H													

46 Name of EMS **A,B,C,D,E,F** NONE 46 Name of EMS **B,F** OTHER
 47 Injured Taken by EMS to **A,C,D,E** N/A 47 Injured Taken by EMS to **B,F** OTHER
 (Treatment Facility and City or Town) (Treatment Facility and City or Town)