DEC 24 2013

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 ☐
07-OCT-2013	Reference No. 10547077

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City CEDAR RAPIDS	State IA	Zip Code [redacted]	

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
JS3TD62V914 [redacted]	SUZUKI	GRAND VITARA	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
? ? ?	Private sale			V6	GAS
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type			Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☒ Antilock Brakes	☒ Cruise Control	Four Wheel Drive		03-OCT-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	85000	35

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	2	0	(N) Police At Scene of Accident

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 2001 SUZUKI GRAND VITARA. THE CONTACT WAS TRAVELING APPROXIMATELY 35 MPH AND CRASHED INTO ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY UNTIL MOMENTS AFTER IMPACT. THE PASSENGER WAS PROPELLED INTO THE WINDSHIELD AND SUSTAINED INJURIES TO THE KNEE, FINGERS AND FACE. THE CONTACT SUSTAINED INJURIES TO THE STERNUM. A POLICE REPORT WAS NOT FILED. THE VEHICLE WAS NEITHER DIAGNOSED NOR REPAIRED TO DETERMINE THE AIR BAG FAILURE. THE MANUFACTURER WAS NOT CONTACTED ABOUT THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 85,000. THE VIN WAS UNAVAILABLE. manufactor contact 10-21-13 Steve Rano 714-9991-7040 Ext. 2342

Vehicle totaled

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Addition shocks

VEHICLE NUMBER: **JS3TD62V914[redacted]**

MODEL: **LJM89W1**
SPEC: **5CL33**
COLOR: **CATSEYE BLUE**
G VITARA JLX LTD AT

STANDARD AND OPTIONAL EQUIPMENT

2.5 LITER V-6 EFI DOHC ENGINE
4-SPEED AUTOMATIC TRANSMISSION
4WD W/2-SPEED TRANSFER CASE
SELECT SHIFT-
(SHIFT TO 4WD ON THE FLY)
POWER ASSISTED BRAKES
ANTILOCK BRAKING SYSTEM (ABS)
POWER ASSISTED RACK AND
PINION STEERING
MACPHERSON STRUTS-FRONT AND
FIVE LINK REAR SUSPENSION
FULL LADDER FRAME
17.4 GALLON FUEL TANK
235/60R16 STEEL BELTED
RADIAL TIRES
FULL SIZE SPARE TIRE
DAYTIME RUNNING LIGHTS
W/AUTO LIGHTING SYSTEM
REMOTE KEYLESS ENTRY
2-SPEED INTERMITTENT WIPERS
REAR WINDOW DEFROSTER
CENTER ARM REST
AIR CONDITIONING
CD/AM/FM/CASSETTE AUDIO SYSTEM
POWER WINDOWS/LOCKS/MIRRORS
CRUISE CONTROL
TACHOMETER/TRIP METER
DRIVER/FRONT PASSENGER AIRBAGS
REMOTE FUEL/TRUNK RELEASE
REAR DOOR CHILD SAFETY LOCKS
TILT STEERING WHEEL
RETRACTABLE LUGGAGE COVER
DARK TINTED REAR GLASS
FLOOR MATS 75.00

LIMITED PACKAGE
ELECTRIC SUNROOF
LEATHER SEATS
FOG LAMPS
"LIMITED" TRIM PACKAGE

PORT OF ENTRY:
TACOMA

SO: 41442423 UJ

TRANSPORTATION MODE:
RAIL/TRUCK

CALIFORNIA EMISSIONS

MANUFACTURER'S SUGGESTED RETAIL PRICE	**$22,999.00**
TOTAL OPTION COST	$75.00
DESTINATION AND HANDLING	$480.00
TOTAL VEHICLE PRICE* (INCLUDES PRE-DELIVERY SERVICE)	**$23,554.00**

DEALER: 414069 DROP SHIP:
AUTOBANC/LISBON INC
CHEZIK-SAYERS SUZUKI
1800 DODGE RD NE
CEDAR RAPIDS IA 52402

[redacted]

VIN: JS3TD62V914[redacted]

MARS 5/03

MAIL REPORTS TO:
Iowa Department of Transportation
Office of Driver Services
P.O. Box 9204
Des Moines, Iowa 50306-9204

Iowa Department of Transportation
INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number: 201315108

Legal Intervention? ☐ Private Property? ☐

LOCATION

Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)
10/03/2013	20:43 Hrs	Linn - 57	Cedar Rapids - 1187

Location Literal Description: 380 OFF RAMP TO 42ND ST SB

If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A"

On Road, Street, or Highway: "N/A" | At Intersection with: "N/A"

Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.

Distance	Direction		Distance	Direction	
"N/A"	"N/A"	and	"N/A"	"N/A"	of

Milepost Number: "N/A" Or Definable intersection, bridge, or railroad crossing: "N/A"

X-Coordinate: 00610109
Y-Coordinate: 04653144

If Divided Highway, Provide Route (Cardinal) Travel Direction: "N/A"

UNIT 001

Driver's Name - Last [redacted] First [redacted] Middle [redacted] Suffix Home/Cell Phone [redacted]
Address [redacted] City CEDAR RAPIDS State IA Zip [redacted]
Date of Birth [redacted] Driver's License Number [redacted]

Gender	State	Class	Endorsements	Restrictions
Female	IA	C	NONE	NONE

Alcohol Test Given? 1 - None | Test Results: | Drug Test Given? 1 - None | Test Results:

Citation Charge Code 1 / Citation Charge 1
Citation Charge Code 2 / Citation Charge 2
Citation Charge Code 3 / Citation Charge 3
Citation Charge Code 4 / Citation Charge 4

Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
01	4	2	5	1	1	1	1

Transported to: MERCY HOSPITAL | Transported by: AREA AMBULANCE

Owner's Name - Last [redacted] First [redacted] Middle [redacted] Suffix Owner Company Name
Address [redacted] City CEDAR RAPIDS State IA Zip [redacted]
Insurance Co. Name: LIBERTY | Insurance Policy # [redacted] | License Plate # [redacted] State IA Year 2014

VIN No.	Year	Make	Model	Style	Tow #	Approximate Cost to Repair or Replace
JTDBU4EE2A9[redacted]	2010	Toyota - TOYT	COROLLA	4D	NO	$800.00

Private? ☐

Initial Travel Direction	Vehicle Action	Speed Limit	Point of Initial Impact	Most Damaged Area	Extent of Damage	Underride/ Override
3	11	45	05	05	2	1

Total Occupants	Traffic Controls	Vehicle Config.	Cargo Body Type	Vehicle Defect	Driver Condition	Vision Obscured	Contributing Circumstances, Driver (up to two)
1	02	01	01	01	1	01	28

SEQUENCE OF EVENTS: First Event 21 | Second Event | Third Event | Fourth Event | Most Harmful Event (by vehicle) 21

Commercial Trailer License Plate # | Attached to Power Unit: | State | Year | Attached to Trailer Unit: | State | Year | Emergency Vehicle Type 1 | Emergency Status 3

Carrier Name | Address | City | State | Zip

US DOT # or MC # | Number of Axles | Gross Vehicle Weight Rating | Placard # | Hazardous Materials Released?

UNIT 002

Driver's Name - Last [redacted] First [redacted] Middle [redacted] Suffix Home/Cell Phone [redacted]
Address [redacted] City NORTH LIBERTY State IA Zip [redacted]
Date of Birth [redacted] Driver's License Number [redacted]

Gender	State	Class	Endorsements	Restrictions
Male	IA	C	NONE	B

Alcohol Test Given? 1 - None | Test Results: | Drug Test Given? 1 - None | Test Results:

Citation Charge Code 1 / Citation Charge 1
Citation Charge Code 2 / Citation Charge 2
Citation Charge Code 3 / Citation Charge 3
Citation Charge Code 4 / Citation Charge 4

Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
01	5	2	5	1	1	1	1

Transported to: | Transported by:

Owner's Name - Last [redacted] First [redacted] Middle [redacted] Suffix Owner Company Name
Address [redacted] City NORTH LIBERTY State IA Zip [redacted]
Insurance Co. Name: STATE FARM MUTUAL | Insurance Policy # [redacted] | License Plate # [redacted] State IA Year 2014

VIN No.	Year	Make	Model	Style	Tow #	Approximate Cost to Repair or Replace
1FTFW1EF3CF[redacted]	2012	Ford - FORD	F150	PK	YES	$25,000.00

Private? ☐

Initial Travel Direction	Vehicle Action	Speed Limit	Point of Initial Impact	Most Damaged Area	Extent of Damage	Underride/ Override
3	11	45	05	05	5	3

Total Occupants	Traffic Controls	Vehicle Config.	Cargo Body Type	Vehicle Defect	Driver Condition	Vision Obscured	Contributing Circumstances, Driver (up to two)
1	02	02	01	01	1	01	28

SEQUENCE OF EVENTS: First Event 21 | Second Event | Third Event | Fourth Event | Most Harmful Event (by vehicle) 21

Commercial Trailer License Plate # | Attached to Power Unit: | State | Year | Attached to Trailer Unit: | State | Year | Emergency Vehicle Type 1 | Emergency Status 3

Carrier Name | Address | City | State | Zip

US DOT # or MC # | Number of Axles | Gross Vehicle Weight Rating | Placard # | Hazardous Materials Released?

UNIT 003

Driver's Name - Last	First	Middle	Suffix	Home/Cell Phone
[redacted]	[redacted]	[redacted]		[redacted]

Address	City	State	Zip
[redacted]	CEDAR RAPIDS	IA	[redacted]

Date of Birth	Driver's License Number	Citation Charge Code 1	Citation Charge 1
[redacted]	[redacted]	321.288	FAILURE TO MAINTAIN CONTROL
		Citation Charge Code 2	Citation Charge 2
		Citation Charge Code 3	Citation Charge 3
		Citation Charge Code 4	Citation Charge 4

Gender	State	Class	Endorsements	Restrictions
Male	IA	C	NONE	B

Alcohol Test Given?	Test Results:	Drug Test Given?	Test Results:
1 - None		1 - None	

Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
01	4	2	1	1	1	1	1

Transported to:	Transported by:
ST LUKE'S HOSPITAL	AREA AMBULANCE

Owner's Name - Last	First	Middle	Suffix	Owner Company Name
[redacted]	[redacted]	[redacted]		

Address	City	State	Zip
[redacted]	CEDAR RAPIDS	IA	[redacted]

Insurance Co. Name	Insurance Policy #	License Plate #	State	Year
IMT	[redacted]	[redacted]	IA	2014

VIN No.	Year	Make	Model	Style	Tow #	Approximate Cost to Repair or Replace
JS3TD62V914[redacted]	2001	Suzuki - SUZI	GRAND VITARA J	LL	YES	$15,000.00

Initial Travel Direction	Vehicle Action	Speed Limit	Point of Initial Impact	Most Damaged Area	Extent of Damage	Underride/ Override	Private?
3	01	45	01	01	5	6	☐

Total Occupants	Traffic Controls	Vehicle Config.	Cargo Body Type	Vehicle Defect	Driver Condition	Vision Obscured	Contributing Circumstances, Driver (up to two)
2	02	04	01	01	1	01	08

SEQUENCE OF EVENTS	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event (by vehicle)
	21				21

Commercial Trailer License Plate #	Attached to Power Unit:	State	Year	Attached to Trailer Unit:	State	Year	Emergency Vehicle Type	Emergency Status
							1	3

Carrier Name	Address	City	State	Zip

US DOT #	or MC #	Number of Axles	Gross Vehicle Weight Rating	Placard #	Hazardous Materials Released?

ACCIDENT ENVIRONMENT

Location of First Harmful Event	Manner of Crash/Collision	Light Conditions	Weather Conditions (up to two)	Surface Conditions
1	3	5	03,06	2

ROADWAY CHARACTERISTICS

Major Contributing Circumstances:

Environment	Roadway	Type of Roadway Junction/Feature
1	01	20

WORKZONE RELATED? Yes

Location	Type	Workers Present?
4	1	1

SEQUENCE OF EVENTS

First Harmful Event of Crash (use codes 11-42 only): 21

PERSON INJURED

Name - Last	First	Middle	Suffix
[redacted]	[redacted]	[redacted]	

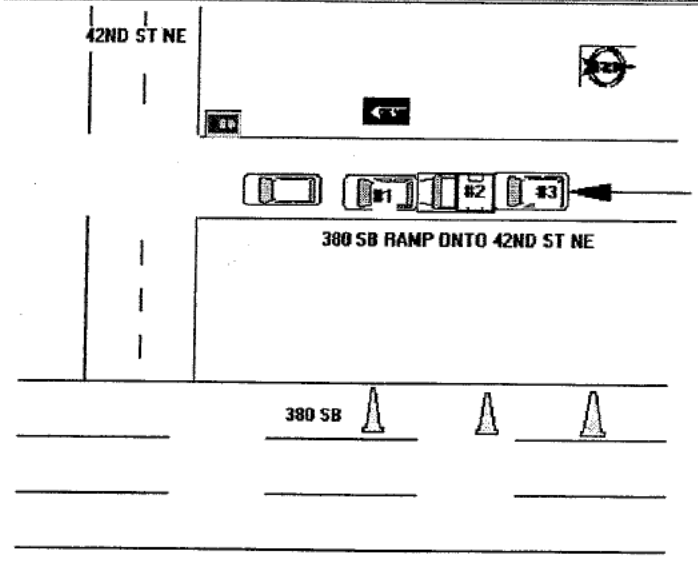
Address	City	State	Zip Code
[redacted]	CEDAR RAPIDS	IA	[redacted]

Date of Birth	Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
[redacted]	Female	003	03	3	2	1	1	1	1	1

Transported to:	Transported by:
ST LUKE'S HOSPITAL	AREA AMBULANCE

NON-MOTORIST	Type	Location	Action	Condition	Safety Equipment	Contributing Circumstances	Unit No. of Vehicle Striking

DIAGRAM



NARRATIVE

Describe what happened (refer to vehicles by number)

UNIT 1 AND 2 WERE STOPPED ON THE SOUTHBOUND 380 RAMP TO 42ND ST NE AT A REDLIGHT. UNIT 3 STRUCK UNIT 2 FROM BEHIND CAUSING UNIT 2 TO STRIKE UNIT 1.