


INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Form Approved: O.M.B. No. 2127-0008

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|  <p>U. S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p align="center">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 100237 | |
| OWNER INFORMATION (Type or Print) | | Date Received 24-APR-2014 | Repository <input type="checkbox"/> | Reference No. 10584878 | |
| Name [REDACTED] | | Daytime Telephone Number [REDACTED] | E-mail Address | | |
| Address UNKNOWN | | Evening Telephone Number | | | |
| City UNKNOWN | State VA | Zip Code [REDACTED] | | | |
| <p><i>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).</i></p> | | | | | |
| VEHICLE INFORMATION | | | | | |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2G1WF52EX49 [REDACTED] | | Make CHEVROLET | Model IMPALA | Model Year 2004 | |
| Date Purchased | Dealer's Name and Telephone Number | | Engine: No: Cylinders 6 | Fuel Type: Gas | |
| Original Owner <input checked="" type="checkbox"/> | Dealer's City | State | Zip Code | | |
| Transmission Type | <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control | Powertrain FRONT WHEEL DRIVE | Multiple Failure: 1 | Incident Date(s) 22-JAN-2013 | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | |
| Vehicle Component Codes: 980000 UNKNOWN OR OTHER, 140000 AIR BAGS | | | Failure Mileage | Failure Speed | |
| 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: DOTM9ABC036) | | <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 | | | | | |
| <p align="center"><i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i></p> | | | | | |
| 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 | Reported to Police Y | |
| <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> | | | | | |
| THE VEHICLE OWNER ALLEGES THAT HE HIT ANOTHER VEHICLE AT 60 MPH INJURIES WERE TO HIS BACK, LEG , HEAD AND CHEST. HIS HEAD HIT THE WINDSHIELD AND CHEST HIT STEERING WHEEL. THE AIR BAG DID NOT DEPLOY *BF | | | | | |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY | | | | | |
| <p><small>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.</small></p> | | | | | |

TO WHOM IT MAY CONCERN

6-16-14

I AM [REDACTED]

BECAUSE OF THE ACCIDENT
THAT I SUFFERED THE INJURY/
THAT GOT THE AIR BAG
DID NOT DEPLOY AND THE
SEAT BELT DID NOT HOLD
AT ALL, THANK YOU

ANY QUESTIONS
PLEASE CALL AT

[REDACTED]

THANK YOU
[REDACTED]

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.