 <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 31-JUL-2014	Repository <input type="checkbox"/> Reference No. 10617978
Daughter OWNER INFORMATION (Type or Print) Name: [Redacted] Owner: [Redacted]		Daytime Telephone Number [Redacted]	E-mail Address NOEMAIL@UNK.GOV
Address [Redacted]		Evening Telephone Number [Redacted]	
City [Redacted]	State NC	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 CHEVROLET	Model VENTURE
		Model Year 2001	
Date Purchased 2001	Dealer's Name and Telephone Number Smoky Mtn. Chevrolet - 828-524-0734		Engine: No: Cylinders
Original Owner <input checked="" type="checkbox"/>	Dealer's City FRANKLIN, N.C.	State NC	Zip Code 28734
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 13-JUL-2005
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 140000 AIR BAGS		Failure Mileage 50000	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: 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
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 Y	
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 CHEVROLET VENTURE. THE CONTACT STATED THAT WHILE INVOLVED IN A CRASH, THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED AND MINOR INJURIES WERE SUSTAINED. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 50,000. THE VIN WAS NOT AVAILABLE.			
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)

Please see enclosed note



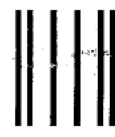
ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Franklin, NC

GREENVILLE
10 SEP 2014
PM 44



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Official Business
Penalty for Private Use \$300

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

To Whom it may Concern.

I am enclosing the accident report for my Mother's 1 Car Accident back in 2005. Her car was totaled at that time but the air bag & on star never went off. She was the owner of the van. Her name is

[REDACTED]
Franklin, N.C. [REDACTED]

She is now 90, this is why [REDACTED] writing for her & filling out forms for her.

Thank You,
[REDACTED]

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

1

No. of Units Involved

Form 1 of 1

Supplemental Report

Non-Reportable

DMV Certified Copy

John C. ... Assistant Director Traffic Records

Date Received by DMV JUL 03 2005

1 Date 07/17/2005 County MACON Time 1300 Local Use/Patrol Area 054 A7

1 33 Relation to Roadway Surface 2 Crash occurred in Near FRANKLIN Municipality ... 30 Miles N S E W

1 UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE

1 Driver [Redacted] Address [Redacted] City FRANKLIN State NC Zip [Redacted] ... 2 D.L. # [Redacted] State NC ... 37 Alcohol/Drugs Suspected 0

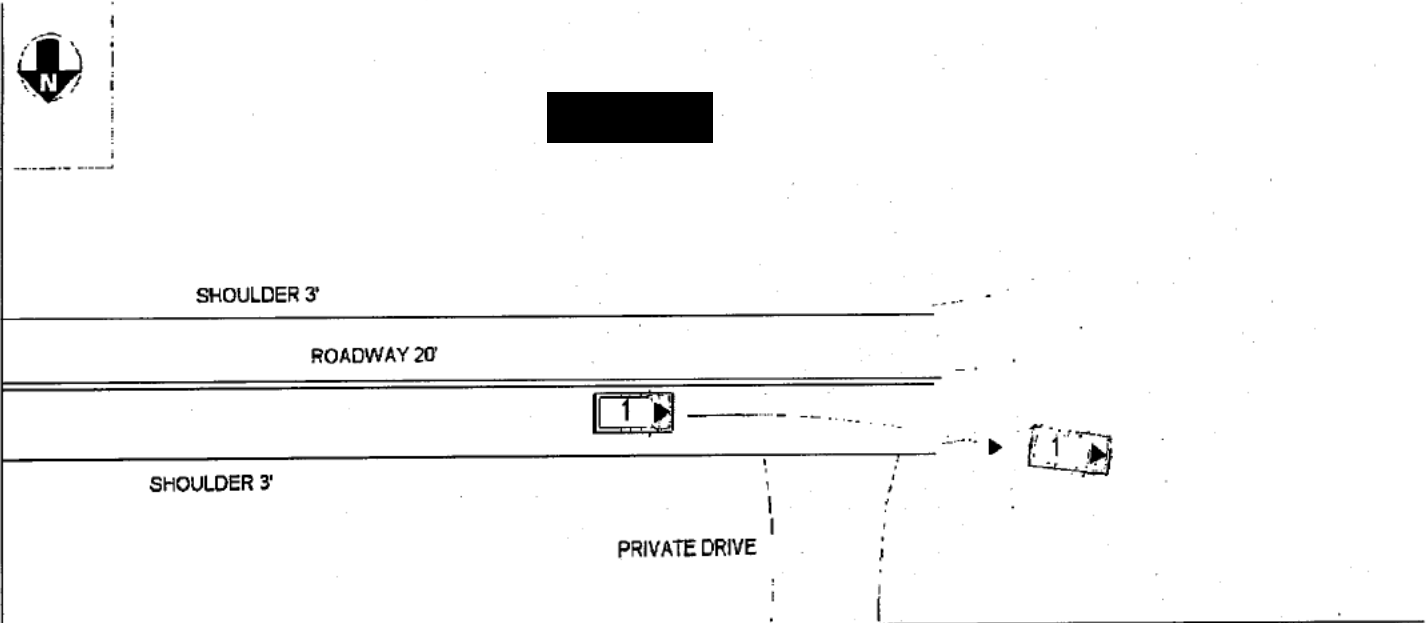
1 Owner [Redacted] Address [Redacted] City FRANKLIN State NC Zip [Redacted] ... 43 TAD FR-4 44 Estimated Damage 3500.00 Insurance Company ALLSTATE

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source ... Carrier Identification Numbers, GVWR, Axles

Table with columns 21-32 and rows A-H. Row A: 1 1 1 Unit 1-Drv, Pedl, etc see above W F 2 1 10 2 1 4 see above Veh# 1 Towed To/By: DRAKES' TOWING

46 Name of EMS A MACON CO EMS 46 Name of EMS C ... 47 Injured Taken by EMS to anapel medical center, franklin, nc

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# 1 <u>1</u> Unit# 2 _____			VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED	
60 Authorized Speed Limit			Veh.#1	Veh.#2	69 RoadFeature	0	78 Workzone Area	5
61 Estimate of Original Traveling Speed			35		79 Road Character	3	79 Work Activity	-
CRASH SEQUENCE (Unit Level) Unit# 1 Unit# 2			62 Estimate of Speed at Impact	35	71 Road Classification	4	80 Work Area Marked	-
49 Vehicle Maneuver/Action			63 Tire Impressions Before Impact (ft.)	8'	72 Road Surface Type	3	81 Crash Location	-
50 Non-Motorist Action			64 Distance Traveled After Impact (ft.)	0'	73 Road Configuration	2	TRAILER INFO. Unit# 1 Unit# 2	
51 Non-Motorist Location Prior to Impact			65 Emergency Vehicle Use	-	74 Access Control	1	82 Trailer Type	0
52 Crash Sequence - First Event for This Unit			66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes	2	1st Trailer No. Axles	
53 Crash Sequence - Second Event			67 School Bus - Contact Vehicle	<input type="checkbox"/>	76 Traffic Control Type	13	Width (inches)	
54 Crash Sequence - Third Event			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	77 Traffic Control Oper	1	Length (feet)	
55 Crash Sequence - Fourth Event			COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate <input type="checkbox"/> Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			2nd Trailer No. Axles		
56 Most Harmful Event for This Unit						Width (inches)		
57 Distance/Direction to Object Struck						Length (feet)		
58 Vehicle Undercarriage/Override						83 Veh.# Overwidth Trailer and Overwidth Mobile Home		
59 Vehicle Defects					Overwidth Permit #			



1 was Traveling Parked Facing N S E W on _____ Unit 2 was Traveling Parked Facing N S E W on _____

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)
 VEHICLE 1 TRAVELING WEST ON _____ TRAVELED OFF RIGHT SHOULDER OF ROADWAY AND COLLIDED WITH MAILBOXES, ROAD SIGNS AND AN EMBANKMENT AND CAME TO REST.

86 Type/Owner MAILBOXES
 Owner Address _____ Phone _____ State _____
 ADDITIONAL PROPERTY DAMAGE _____ Estimated Damage \$ 150.00

WITNESSES
 Name NONE Address _____ Phone No. (____) _____
 Name _____ Address _____ Phone No. (____) _____
 Charge(s) _____
 (Citation # optional)
 Charge(s) _____

Officer Name MICHAEL D HENRY Officer Number 2408 Department SHP-G6 Date of Report 07/17/2005
 Signature: *[Handwritten Signature]*
 Date: *07-20-05*