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 ☐
25-AUG-2014	Reference No. 10628257

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted] Both	NOEMAIL@UNK.GOV
City ~~RELGH~~ Raleigh	State NC	Zip Code [redacted]	Evening Telephone Number [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
2C3CDXBGXDH [redacted]	DODGE	CHARGER	2013

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
3-30-13	Deacon Jones 919 934-8101	No: Cylinders	

Original Owner	Dealer's City	State	Zip Code
☒	Smithfield NC 27577	NC	27577

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
			Yes	15-MAR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 150000 SEAT BELTS, 151300 SEAT BELTS: FRONT: RETRACTOR	Failure Mileage	Failure Speed
	23,914	0

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	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 OWNED A 2013 DODGE CHARGER. THE CONTACT'S VEHICLE WAS REAR ENDED BY ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY AND THE SEAT BELTS DID NOT RETRACT. A POLICE REPORT WAS FILED AND TWO INJURIES WERE REPORTED. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VIN, SPEED, AND FAILURE MILEAGE WERE UNKNOWN.

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

This report has been redacted to prevent the disclosure of personally identifiable information.

DMV-349 (Rev. 1/09) 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

3 No. of Units Involved | Form 1 of 2 | ☐ Supplemental Report | ☐ Non-Reportable

Date	County	Time	Local Use/Patrol Area
03/15/2014	WAKE	12:28	[redacted]

Date Received by DMV

LOCATION

33 Relation to Roadway Surface: 1 | Crash Occurred: [X] In [ ] Near RALEIGH (Municipality) or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on [redacted] (Highway Number, or Highway, Street, (if ramp or service road, indicate on line)) Ramp or Service Road [ ]N [X]S [ ]E [ ]W (R.R. Crossing # ____) ____ Miles 1000 ft. ☐N ☐S [X]E ☐W

[ ] At [redacted] (Use Highway Number, Street Name or Adjacent County or State Line) [X] From toward SPRING FOREST RD (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude 35.8584N | Longitude -78.5813W | Altitude

UNIT # 1 [X] VEHICLE [ ] PEDESTRIAN [ ] HIT & RUN [ ] COMMERCIAL VEHICLE

Driver [redacted] (First / Middle / Last)

Address [redacted]

City WAKE FOREST State NC Zip [redacted]

Same Address on Driver's License? [X] Yes [ ] No | Driver's Phone Numbers H [redacted] W

D.L.# REDACTED CDL License [ ] | D.L. Class C | State NC

DOB REDACTED | 34 Vision Obstruction 0 | 35 Physical Condition 1 | 36 D.L. Restrictions 1

37 Alcohol/Drugs Suspected 0 | 38 Alcohol/Drugs Test 0 | 39 Results (if known) 0 | 40 Vehicle Seizure (DWI) [ ]

Owner [redacted] Same as Driver? [ ]

Address [redacted] Same Address as Driver? [ ]

City WAKE FOREST State NC Zip [redacted]

Plate # [redacted] Plate State NC Plate Year 2014

VIN 2C4RC1CG1ER[redacted]

Vehicle Make CHRYSLER | Vehicle Year 2014 | 41 Vehicle Style (Type) 5 | 42 Vehicle Drivable [ ] Yes [X] No

43 TAD FD-5 | 44 Estimated Damage $9,000.00

Insurance Company ERIE INSURANCE CO

Policy # [redacted]

UNIT # 2 [X] VEHICLE [ ] PEDESTRIAN [ ] HIT & RUN [ ] OTHER

Driver [redacted] (First / Middle / Last)

Address [redacted]

City BISHOPVILLE State SC Zip [redacted]

Same Address on Driver's License? [ ] Yes [X] No | Driver's Phone Numbers H [redacted] W

D.L.# REDACTED CDL License [ ] | D.L. Class C | State SC

DOB REDACTED | 34 Vision Obstruction 0 | 35 Physical Condition 1 | 36 D.L. Restrictions

37 Alcohol/Drugs Suspected 0 | 38 Alcohol/Drugs Test 0 | 39 Results (if known) 0 | 40 Vehicle Seizure (DWI) [ ]

Owner [redacted] Same as Driver? [ ]

Address [redacted] Same Address as Driver? [ ]

City RALEIGH State NC Zip [redacted]

Plate # [redacted] Plate State NC Plate Year 2014

VIN 2C3CDXBGXDH[redacted]

Vehicle Make DODGE | Vehicle Year 2013 | 41 Vehicle Style (Type) 1 | 42 Vehicle Drivable [ ] Yes [X] No

43 TAD BD-4 / FD-2 | 44 Estimated Damage $4,000.00

Insurance Company LIBERTY MUTUAL INSURANCE CO

Policy # [redacted]

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit ____ 45 Cargo Body Type ____ [ ] Same Address as owner? Source: [ ] Truck [ ] Shipping [ ] Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# ____ ICC# ____ Axles on Vehicle Including Trailers ____

State ____ State # ____ IFTA# ____

FEI# ____ Fleet # ____ Gross Vehicular Weight Rating ____

	21	22	23	24	25	26	27	28	29	30	31	32	
A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	W	M	2	4	1	2	1	5	see above Veh# 1 Towed To/By: DUNN' S WRECKER SERVICE / DUNN' S WRECKER SERVICE
B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	B	M	2	1	0	2	1	4	see above Veh# 2 Towed To/By: ACE TOWING / ACE TOWING
C	1	2	3	REDACTED	W	F	2	4	1	2	1	5	[redacted] WAKE FOREST, NC [redacted]
D	1	2	6	REDACTED	W	M	4	4	1	2	1	5	[redacted] WAKE FOREST, NC [redacted]
E	1	2	9	REDACTED	W	M	2	4	1	2	1	5	[redacted] WAKE FOREST, NC [redacted]
F	2	2	3	REDACTED	B	M	2	1	0	2	1	5	[redacted] RALEIGH, NC [redacted]
G													
H													

46 Name of EMS A,B,C,D,E,F - DECLINED

47 Injured Taken by EMS to A,B,C,D,E,F - DECLINED (Treatment Facility and City or Town)

46 Name of EMS ____

47 Injured Taken by EMS to ____ (Treatment Facility and City or Town)

This report has been redacted to prevent the disclosure of personally identifiable information.

Local Use/Patrol Area: [redacted]

48 POINTS OF INTIAL CONTACT (Write in Codes)	Unit # 1	Unit # 2
	1,2,3	15,16

CRASH SEQUENCE (Unit Level)	Unit # 1	Unit # 2
49 Vehicle Maneuver/Action	4	1
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for this Unit	21	21
53 Crash Sequence - Second Event		
54 Crash Sequence - Third Event		
55 Crash Sequence - Fourth Event		
56 Most Harmful Event for this Unit	21	21
57 Distance/Direction of Object Struck	0	0
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh # 1	Veh # 2
60 Authorized Speed Limit	45	45
61 Estimate of Original Traveling Speed	35	5
62 Estimate of Speed at Impact	35	0
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance travelled After Impact (ft.)	0	0
65 Emergency Vehicle Use		
66 Post Crash Fire (if 'Yes' check block)	☐	☐
67 School Bus - Contact Vehicle	☐	☐
68 School Bus - Noncontact Vehicle	☐	☐

ROADWAY INFO.	
69 Road Feature	12
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	3
73 Road Configuration	3
74 Access Control	1
75 Number of Lanes	3
76 Traffic Control Type	3
77 Traffic Control Oper	1

WORK ZONE RELATED	
78 Work Zone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit # 1	Unit # 2
82 Trailer Type	0	0
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

COMMERCIAL VEHICLE: Hazardous Material Involvement — Unit ◇

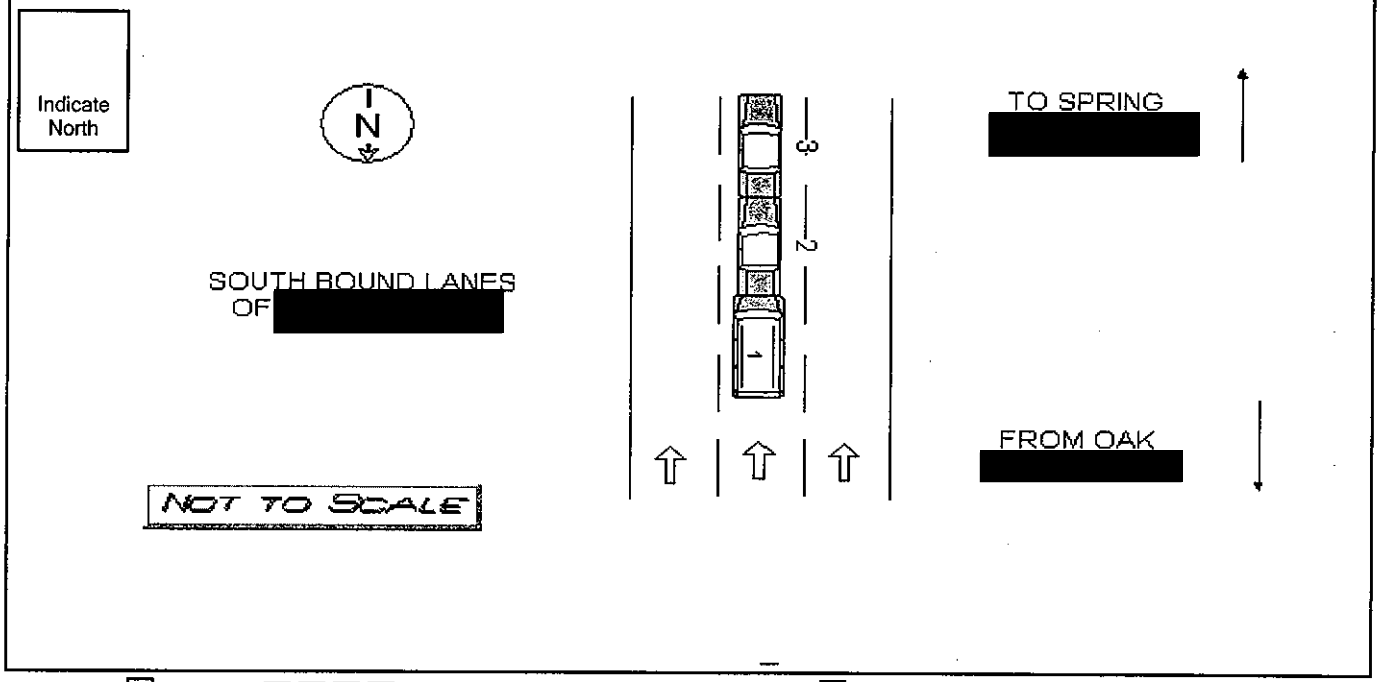
Haz Mat Placard ☐ Yes ☐ No — From Placard Indicate: 4-digit placard number or name from diamond or box; 1-digit number from bottom of diamond

Hazardous Cargo Released ☐ Yes ☐ No (Does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

83 Unit # ___ Overwidth Trailer and Overwidth Mobilehome — Overwidth Permit #

64. DIAGRAM



Unit # 1 was [X] Traveling ☐ Parked Facing — ☐ [X] ☐ ☐ N S E W — on CAPITAL BLVD

Unit # 2 was [X] Traveling ☐ Parked Facing — ☐ [X] ☐ ☐ N S E W — on CAPITAL BLVD

NARRATIVE (include pertinent unusual aspects which are not listed elsewhere on the form)

THE DRIVER OF VEHICLE 1 STATED THAT HE LOOKED DOWN FOR A SECOND AND THEN STRUCK VEHICLE 2. THE DRIVER OF VEHICLE 2 STATED THAT HE WAS STOPPED WHEN VEHICLE 1 STRUCK HIS VEHICLE AND PUSHED HIM INTO VEHICLE 3. THE DRIVER OF VEHICLE 3 STATED THAT SHE STOPPED FOR TRAFFIC IN FRONT OF HER VEHICLE.

ADDITIONAL PROPERTY DAMAGE

86 Type/ Owner ___ Owner Address Phone ___ State Property? ☐ Estimated Damage $ ___

WITNESSES

Name ___ Address ___ Phone No. ___

Name ___ Address ___ Phone No. ___

TRAFFIC VIOLATION(S)

Name [redacted] Charge(s) (Citation # optional) [redacted] FAILURE TO REDUCE SPEED

Name ___ Address ___

Officer Name	Officer Number	Department		Date of Report
OFFICER R P WILLIAMS	3377	RALEIGH POLICE DEPARTMENT	NC0920100	03/15/2014