DEC 0 8 2014

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: 15-OCT-2014	Repository ☐
	Reference No. 10644834

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address NOEMAIL@UNK.GOV
Address [redacted]		Evening Telephone Number	
City EL PASO	State TX	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
JA32U2FU5AU[redacted]	MITSUBISHI	LANCER	2010

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

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 25-SEP-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 22000	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: 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 OWNS A 2010 MITSUBISHI LANCER. THE CONTACT STATED THAT AFTER ANOTHER VEHICLE CRASHED INTO THE REAR, THE CONTACT'S VEHICLE CRASHED INTO A POLE AND THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED AND TWO PEOPLE WERE INJURED. THE INJURIES CONSISTED OF A HEAD, NECK, SHOULDER AND KNEE DAMAGE TO BOTH PERSONS. THE VEHICLE WAS CLASSIFIED AS DESTROYED BY THE INSURANCE COMPANY. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 22,000.

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

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
2	3	

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780

Refer to Attached Code Sheet for Numbered Fields

*= These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured etc.).

IDENTIFICATION AND LOCATION

* Crash Date (MM/DD/YYYY)	*Crash Time (24HRMM)	Case ID	Local Use
09/25/2014	0805	[redacted]	

* County Name	* City Name	☐ Outside City Limit
EL PASO	EL PASO	

In your opinion, did this crash result in at least $ 1,000 damage to any one person's property?	Latitude (decimal degrees)	Longitude (decimal degrees)
☒ Yes ☐ No	31.76128	-106.36002

ROAD ON WHICH CRASH OCCURED

*1 Rdwy. Sys.	* Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
LR		1	7700		GATEWAY EAST	BLVD

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	☐ Toll Road/ Toll Lane	Speed Limit	Const. Zone	Workers Present	Street Desc
		45	☐ Yes ☒ No	☐ Yes ☒ No	BLACK TOP

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
☐ Yes ☒ No	LR		1	8800		BENSON	ST

Distance from Int. or Ref. Marker	☒ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.
5		E		BLACK TOP	

VEHICLE, DRIVER, & PERSONS

Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	LP Num.	VIN
1	1			TX	[redacted]	1G6EL12Y21B[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	☐ Pol., Fire, EMS on Emergency (Explain in) Narrative if checked)
2001	WHI	CADILLAC	ELDORADO	P4	

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	C	96	96	[redacted]

Address (Street, City, State, ZIP): [redacted] EL PASO, TX [redacted]

Person Num	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle (Enter Driver Or Primary Person for this Unit on first line)	14 Injury Severity	Age	16 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	26 Drug Category
1	1	1	[redacted]	C	[redacted]	H	1	1	1	1	97	N	96		96	97	97

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each unit.

☒ Owner ☐ Lessee	Owner/Lessee name & Address
	[redacted], EL PASO, TX [redacted]

Proof of Fin. Resp	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	2	DARYLAND AUTO INS.	[redacted]

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried
800-334-0090	12-FR4	-	☐ Yes ☒ No

Towed By	Towed To
DEPENDABLE TOWING	MUNICIPAL VEHICLE STORAGE FACILITY

Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	LP Num.	VIN
2	1			TX	[redacted]	JA32U2FU5AU[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	☐ Pol., Fire, EMS on Emergency (Explain in) Narrative if checked)
2010	BLK	MITSUBISHI	LANCER	P4	

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	C	96	96	[redacted]

Address (Street, City, State, ZIP): [redacted] EL PASO, TX [redacted]

Person Num	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle (Enter Driver Or Primary Person for this Unit on first line)	14 Injury Severity	Age	16 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	26 Drug Category
1	1	1	[redacted]	C	[redacted]	H	1	1	1	1	97	N	96		96	97	97
2	2	3	[redacted]	C	[redacted]	H	1	1	1	1	97	N					

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each unit.

☒ Owner ☐ Lessee	Owner/Lessee name & Address
	[redacted] EL PASO, TX [redacted]

Proof of Fin. Resp	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	1	OLD AMERICAN	[redacted]

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried
855-664-5050	6-BD4	-	☒ Yes ☐ No

Towed By	Towed To
DEPENDABLE	TOWED TO OWNER/DRIVER'S REQUEST

DISPOSITION OF INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
1	1	DEL SOL MEDICAL CENTER	FIRE MEDICAL SERVICE		
2	1	DEL SOL MEDICAL CENTER	FIRE MEDICAL SERVICE		
2	2	REFUSED	SELF		

CHARGES

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
1	1	FAIL TO CONTROL SPEED	[redacted]
1	1	FAIL TO MAINTAIN FINANCIAL RESPONSIBILITY	

DAMAGE

Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV

Unit Num.	☐ 10,001+ LBS. ☐ TRANSPORTING HAZARDOUS MATERIAL ☐ 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.

Carrier's Corp. Name	Carrier's Primary Addr.

30 Rdwy. Access	31 Veh. Type	☐ RGVW ☐ GVWR	HazMat Released ☐ Yes ☐ No	32 HazMat Class Num.	32 HazMat ID Num.	32 HazMat Class Num.	32 HazMat ID Num.

33 Cargo Body Style	Trailer 1 Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type	Trailer 2 Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

FACTORS & CONDITIONS

36 Contributing factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)						Environmental and Roadway Conditions						
Unit Num.	Contributing			May Have Contrib.			Contributing			May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	22																		
2													1	1	98	4	1	1	17

NARRATIVE AND DIAGRAM

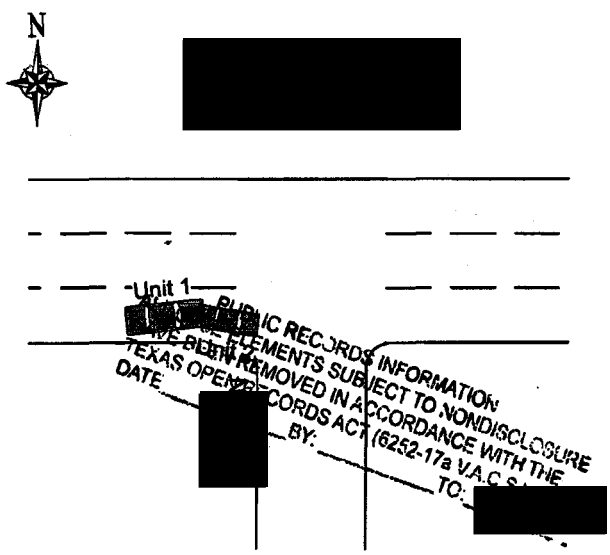
Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)

[redacted] is a three lane one way (east bound) marked roadway.

Unit 2 was traveling east on the outside lane on [redacted] and slowed down due to turning [redacted] Unit 1 was traveling east on the outside lane behind unit 2. Unit 1 failed to control its speed and struck unit 2 as it slowed down. Driver of unit 1 complained of neck and back pain and was transported to Del Sol Medical Center by FMS. Driver of unit 2 complained of neck and lower back pain and was transported to Del Sol Medical Center by FMS. Passenger to unit 2 stated he hit his head with the front windshield but refused FMS treatment. No other injuries or independent witnesses were reported.

Indicate North

Field Diagram - Not to Scale



INVESTIGATOR

Time Notified (24HRMM)	How Notified	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)
0807	DISPATCHED	0822	09/25/2014

Invest. Comp.	Investigator Name (Printed)	ID Num.
☑ Yes ☐ No	DELAROSA, CARLOS	02525

ORI Num.	* Agency	District/ Area
TX0710200	EL PASO POLICE DEPARTMENT	81