MAR - 4 2015

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: 06-JAN-2015	Repository ☐
	Reference No.: 10670401

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number: [redacted]	E-mail Address:
Address: [redacted]		Evening Telephone Number:	
City: EAST FALMOUTH	State: MA	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
2C4RDGBG4ER[redacted]	DODGE	GRAND CARAVAN	2014

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
9/2/14	CENTRAL DODGE	800-427-0666	6	GAS

Original Owner ☐	Dealer's City	State	Zip Code
	191 ROUTE 44 RAYNHAM	MA	02767

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO.	☒ Antilock Brakes ☒ Cruise Control			04-JAN-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	2800	30-35

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	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).

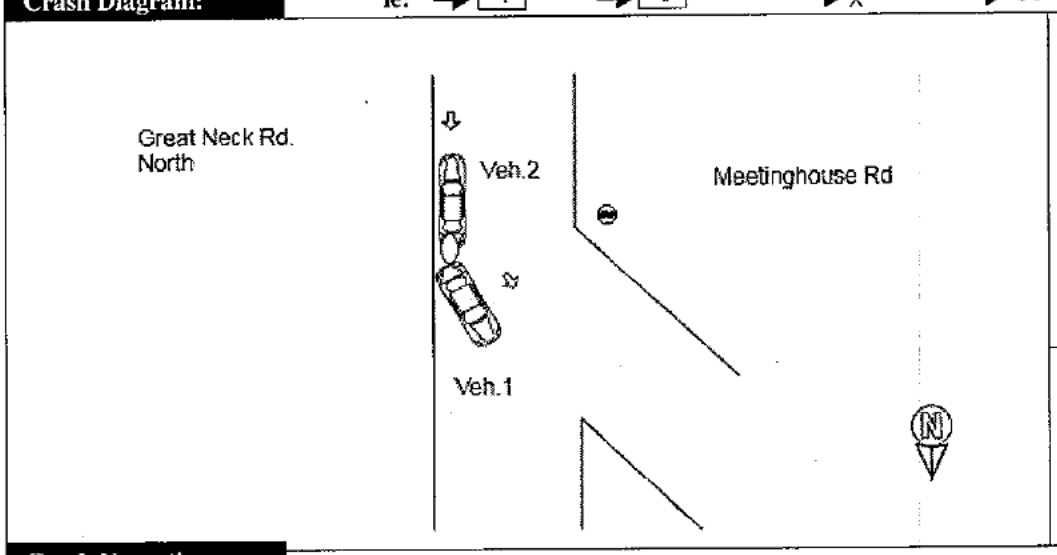
TL* THE CONTACT OWNS A 2014 DODGE GRAND CARAVAN. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 30 MPH, THE VEHICLE CRASHED THE VEHICLE INTO THE REAR OF A SECOND VEHICLE. THE CONTACT INDICATED THAT DURING THE CRASH, THE FRONT DRIVER AND PASSENGER SIDE AIR BAGS FAILED TO DEPLOY. THE DRIVER SUSTAINED INJURIES TO THE HEAD, NECK, AND CHEST. THE FRONT PASSENGER SUSTAINED INJURIES TO THE BACK AND CHEST. THE CONTACT STATED THAT BOTH OCCUPANTS REQUIRED MEDICAL TREATMENT. A POLICE REPORT WAS FILED AT THE SCENE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS 2,800.

1/6/15

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

→ = Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | ♀ = Pedestrian | 🚲 = Bicycle

Crash Diagram: ie: → 1 → 2 → ♀ → 🚲



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

I [illegible] Arrow

Crash Narrative:

(Veh. 1 MA [redacted] (Veh. 2 MA [redacted]

Veh. 1 [redacted] stated that she was making a left hand turn onto [redacted] and was struck from behind by Veh. 2 [redacted]. Veh. 2 was travelling straight ahead on [redacted] and did not see Veh. 1 turning. The operator of Veh. 1 [redacted] was complaining of back pain, but refused further assistance from MFD. The occupants of Veh. 2 were both transported to Falmouth Hospital. The vehicles were removed by Access Auto.

The operator of Veh. 2 [redacted] was issued a verbal warning for following too closely.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Officer Lisa M Hettinger — HETTING — Mashpee Police Department — 01/04/2015

Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Other
01/04/2015	1555 (24HR)	Mashpee	2	3	45			☐	☒	☐	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

14 Route# | Direction | [redacted] Name of Roadway/Street

At

Route# | Direction | [redacted] Name of Intersecting Roadway/Street

Also at Intersection with

22 Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street — 10

Feet N S E W of — Mile Marker • — or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark — 11

33 Please Select One of the Following: ☒ Vehicle 1 #Occupants 1 | ☐ Hit/Run | ☐ Moped | Crash Report ID# [redacted]

License # [redacted] St MA DOB/Age [redacted]

Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

41 Operator [redacted] Last First Middle

Address [redacted]

City SANDWICH State MA Zip [redacted]

Insurance Company ALLSTATE INSURANCE

52 Vehicle Travel Direction: N S ☒ W Responding to Emergency? 2

Citation # (If Issued)

62 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # [redacted] Reg Type PC Reg State MA

Veh Year 2007 Veh Make JEEP Veh Config. 1 21

Owner [redacted] Middle — 12

Address [redacted]

City SANDWICH State MA Zip [redacted]

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26

Damaged Area Code: 6 27 7 27 5 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	[redacted]	[redacted]	1	1	4	0	0	3	1	

— 13

71 Please Select One of the Following: ☒ Vehicle 2 #Occupants 2 | ☐ Non-Motorist A | Type 15 | Action 16 | Location 17 | Condition 18 | ☐ Hit/Run | ☐ Moped

License # [redacted] St MA DOB/Age [redacted]

Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

81 Operator [redacted] Middle

Address [redacted]

City E FALMOUTH State MA Zip [redacted]

Insurance Company COMMERCE INSURANCE

92 Vehicle Travel Direction: N ☒ E W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # [redacted] Reg Type PC Reg State MA — 14

Veh Year 2014 Veh Make DODGE Veh Config. 1 21

Owner [redacted] Last First Middle

Address [redacted]

City E FALMOUTH State MA Zip [redacted]

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 5 25 25

Driver Distracted by 99 26

Damaged Area Code: 1 27 2 27 3 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	[redacted]	[redacted]	1	1	4	0	0	3	2	Falmouth Hospital
[redacted]	23 CAPRICORN CIR FALMOUTH, MA [redacted]	[redacted]	F	3	1	4	0	0	3	2	Falmouth Hospital

Form No. 10364 CRA-65 1/13