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

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 ☐
23-FEB-2015 JUN 1 - 2015	Reference No. 10690152

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City ROSEBORO	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	Model	Model Year
1FMZU62K32U[redacted]	FORD	EXPLORER	2002
Date Purchased	Dealer's Name and Telephone Number: Hobbs Auto Sales	Engine: No: Cylinders: 6	Fuel Type: Gas
Original Owner ☐	Dealer's City: Clinton N.C. State: N.C. Zip Code: 28328		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 07-NOV-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
1FMZU62K32U[redacted]		

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 2002 FORD EXPLORER. WHILE DRIVING AT AN UNKNOWN SPEED, ANOTHER VEHICLE REAR ENDED THE CONTACT'S VEHICLE. THE DRIVER SIDE AIR BAG FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED UNKNOWN MINOR INJURIES AND THE FRONT PASSENGER SUSTAINED CHEST AND EYES INJURIES. NEITHER SET OF INJURIES REQUIRED MEDICAL ATTENTION. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS UNKNOWN. THE VIN WAS UNAVAILABLE.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Driver Side Air Bag did Not deploy At All during the 11-17-14 Crash/accident my Vehicle was claimed a total loss due to the air bag Not coming out. This was a bad situation for me I had No ride After the rental ran out. Loss work-Loss pay-did recieve medical Attention-Loss of job also for 2 months.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

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UNITED STATES**

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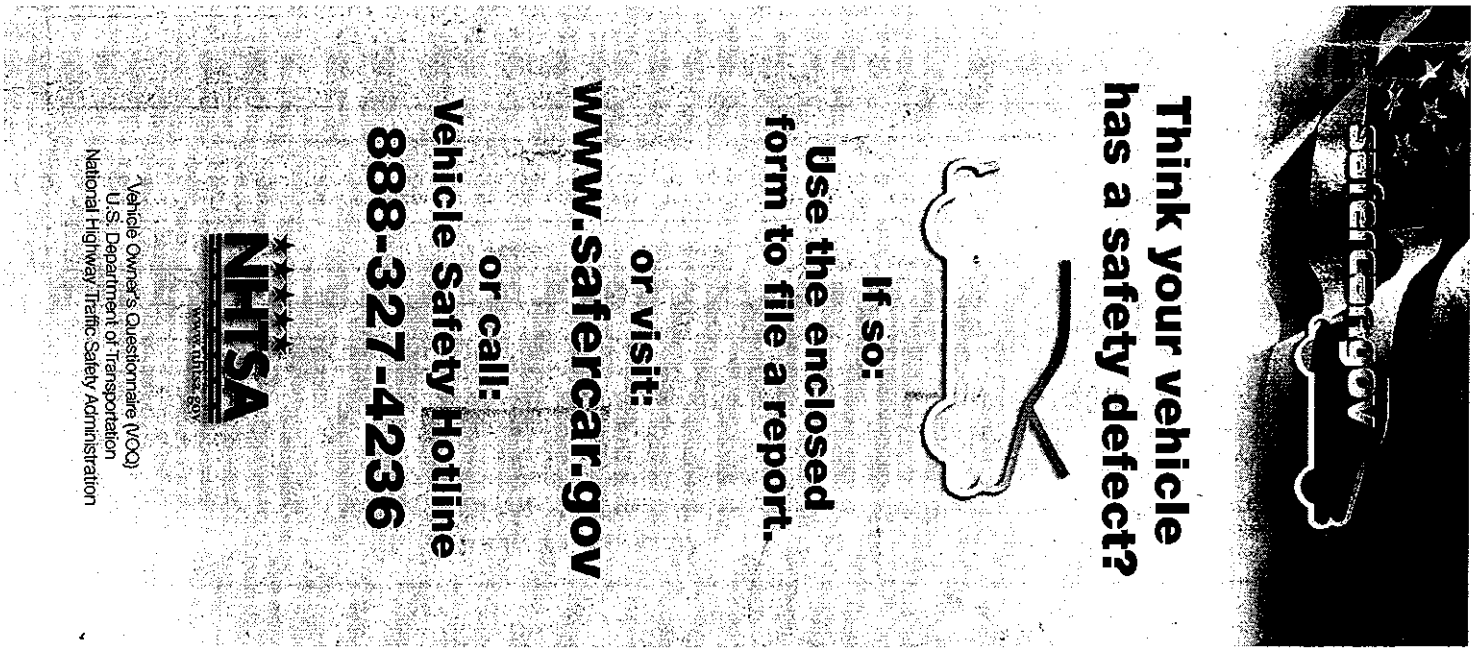
US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



DMV-349 (Rev.1/2009)

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.

"DMV Certified Copy"

Do not write in these spaces

[redacted]

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

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
11/07/2014 (mm/dd/ccyy)	SAMPSON	14:17 (24 Hour Clock)	14-1909/Z-4	11/08/2014

LOCATION

33 Relation to Roadway Surface: 1 | Crash occurred: ☒ In ☐ Near: CLINTON | or ____ | ☐ Miles ☐ N ☐ S ☐ E ☐ W outside municipality

On: [redacted] (Highway Number, or Highway, Street. If ramp or service road, indicate on line) | Municipality | ☐ Ramp or Service Road | (R.R.Crossing # ____) | ____ Miles (O.R.-Intersection) ____ ft. ☐ N ☐ S ☐ E ☐ W (if available)

at ##### WEST ROAD (Use Highway Number, Street Name or Adjacent County or State Line) ☐ N ☐ S ☒ E ☐ W | toward [redacted] (Use Highway Number, Street Name or Adjacent County or State Line) | Latitude ____ Longitude ____ Altitude ____

UNIT # 1

☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver: [redacted] (First / Middle / Last / Suffix)

Address: [redacted]

City: CLINTON | State: NC | Zip: [redacted]

Same Address on Driver's License? ☒ Yes ☐ No | Driver's Phone Numbers: H [redacted] W ( ) ____

D.L. #: [redacted] | CDL License ☒ | D.L. Class: B | State: NC

DOB: [redacted] (mm/dd/ccyy) | 34 Vision Obstruction: 10 | 35 Physical Condition: 01 | 36 D.L. Restrictions: 0

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

Owner: [redacted] | Same Address as Driver? ☒

Address: [redacted]

City: CLINTON | State: NC | Zip: [redacted]

Plate #: [redacted] | Plate State: NC | Plate Year: 2015

VIN: 1FMZU62K32U[redacted]

Vehicle Make: FORD | Vehicle Year: 2002 | 41 Vehicle Style (Type): 1 | 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD: FC-2 | 44 Estimated Damage: $1500

Insurance Company: INTEGON NATIONAL | Policy #: [redacted]

UNIT # 2

☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver: [redacted] (First / Middle / Last / Suffix)

Address: [redacted]

City: CLINTON | State: NC | Zip: [redacted]

Same Address on Driver's License? ☒ Yes ☐ No | Driver's Phone Numbers: [redacted] W ( ) ____

D.L. #: [redacted] | CDL License ☐ | D.L. Class: C | State: NC

DOB: [redacted] (mm/dd/ccyy) | 34 Vision Obstruction: 00 | 35 Physical Condition: 01 | 36 D.L. Restrictions: 0

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

Owner: [redacted] | Same Address as Driver? ☒

Address: [redacted]

City: CLINTON | State: NC | Zip: [redacted]

Plate #: [redacted] | Plate State: NC | Plate Year: 2015

VIN: 1N4AL2AP6CN[redacted]

Vehicle Make: NISS | Vehicle Year: 2012 | 41 Vehicle Style (Type): 1 | 42 Vehicle Drivable ☒ Yes ☐ No

43 TAD: BC-1,FC-1 | 44 Estimated Damage: $2500

Insurance Company: NATIONAL GENERAL | Policy #: [redacted]

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

Unit ____ | 45 Cargo Body Type ____ | ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

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

State ____ | State# ____ | IFTA# ____

FEI# ____ | Fleet# ____ | Gross Vehicle Weight Rating ____

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	1	1	1	Unit1-Drv1, Ped1, etc. see above	B	F	2	1	0	2	1	4	see above — Veh# 1 Towed To/By: THORNTONS BODY SHOP/THORNTONS BODY SHOP
B	2	1	1	Unit2-Drv2, Ped2, etc. see above	B	F	2	1	0	2	1	4	see above — Veh# 2 Towed To/By:
C	1	2	3	[redacted]	B	F	2	2	0	2	1	4	☒ [redacted] CLINTON,NC [redacted]
D	2	2	3	[redacted]	B	F	2	1	0	2	1	4	☒ [redacted] CLINTON,NC [redacted]
E													☐
F													☐
G													☐
H													☐

46 Name of EMS: A-EMS 75 C-EMS75 | 46 Name of EMS: BD-SELF TRANSPORTED

47 Injured Taken by EMS to: SAMPSON REGIONAL,CLINTONSAMPSON REGIONAL,CLINTON (Treatment Facility and City or Town) | 47 Injured Taken by EMS to: SAMPSON REGIONAL,CLINTON (Treatment Facility and City or Town)

104286172 - 1

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit#: 1 2 / Unit#: 2 15

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit# 2
49 Vehicle Maneuver/Action	4	3
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 to Object Struck	1	1
58 Vehicle Underride/Override	3	3
59 Vehicle Defects	0	0

VEHICLE INFO.	Veh.# 1	Veh.# 2
60 Authorized Speed Limit	35	35
61 Estimate of Original Traveling Speed	25	0
62 Estimate of Speed at Impact	25	0
63 Tire Impressions Before Impact (ft.)	0	0
64 Distance Traveled After Impact (ft.)	0	8
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

COMMERCIAL VEHICLE: Hazardous Materials 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 ☐ Yes ☐ No

Released (does not include fuel from fuel tank) ☐ Yes ☐ No

Carrying Haz Mat ☐ Yes ☐ No

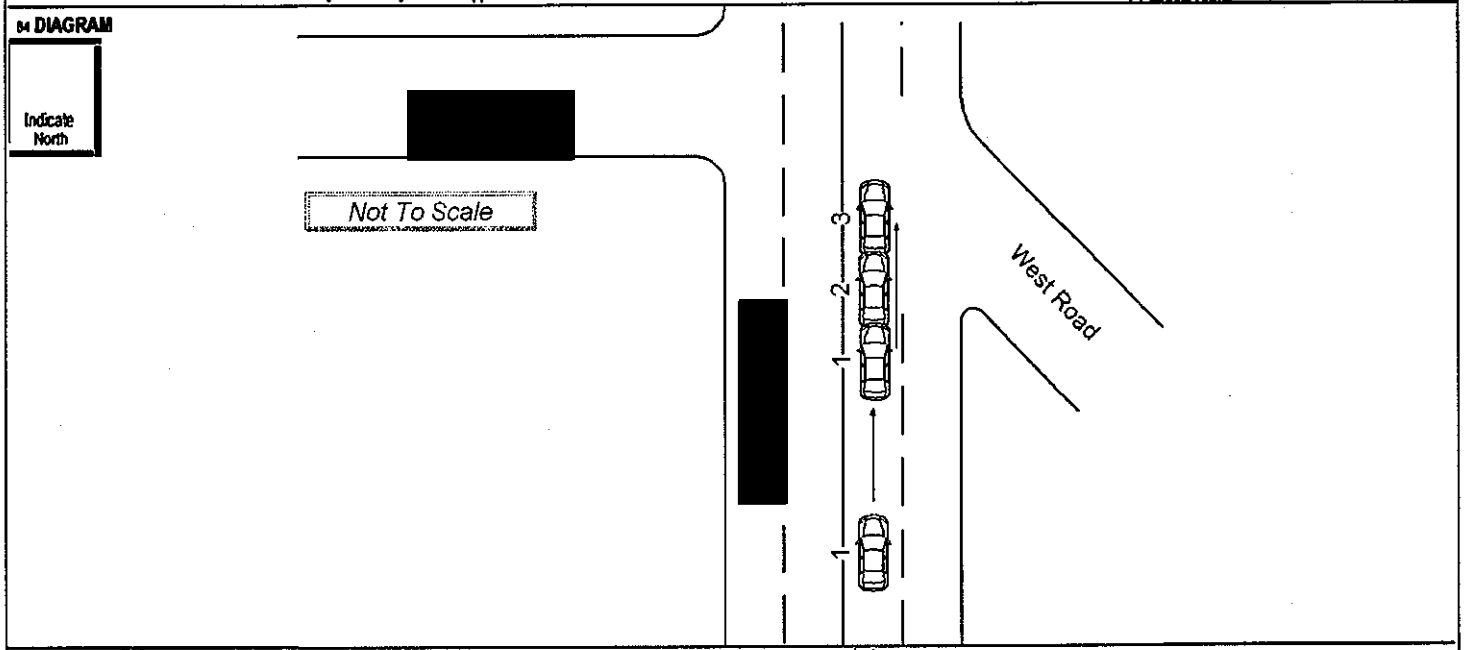
ROADWAY INFO.	
69 Road Feature	0
70 Road Character	1
71 Road Classification	5
72 Road Surface Type	3
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	4
76 Traffic Control Type	0
77 Traffic Control Oper	

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

TRAILER INFO.	Unit# 1	Unit# 2
82 Trailer Type	00	00
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit# ___ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

84 DIAGRAM



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☐ ☐ ☒ ☐ N S E W on [redacted]

Unit# 2 was: ☐ Traveling ☐ ☐ ☒ ☐ Parked Facing N S E W [redacted]

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEHICLE 2 AND 3 WERE STOPPED IN TRAVEL IN ORDER FOR A VEHICLE TO MAKE A LEFT TURN ONTO [redacted]. DRIVER OF VEHICLE 1 WAS APPROACHING AND WAS BLINDED BY THE SUN AND COLLIDED WITH VEHICLE 2 SENDING VEHICLE 2 INTO VEHICLE 3. ALL OCCUPANTS CLAIMED INJURY AND WERE TREATED AT SAMPSON REGIONAL MEDICAL CENTER. THE OCCUPANTS OF VEHICLE 2 TRANSPORTED THEM SELF TO THE EMERGENCY ROOM.

88 Type/ Owner ____ Owner Address Phone ____ ADDITIONAL PROPERTY DAMAGE ____ State Property? ☐ Estimated Damage $ ____

WITNESSES

Name [redacted] Address [redacted] SALEMBURG,NC [redacted] Phone No. [redacted]

Name ____ Address ____ Phone No. ( ) ____

TRAFFIC VIOLATION(S)

Name [redacted] Charge(s) (Citation # optional) FAIL TO DECREASE SPEED

Name ____ Charge(s) ____

Officer Name	Officer Number	Department	Date of Report
Edgar Carter	161	Clinton Police Department	11/08/2014

DMV-349 (Rev.1/2009)

3

No. of Units Involved

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.

Form 2 of 2 ☐ Supplemental Report ☐ Non-Reportable

Do not write in these spaces [redacted]

Date	County	Time	Local Use/Patrol Area	Date Received by DMV
11/07/2014 (mm/dd/ccyy)	SAMPSON	14:17 (24 Hour Clock)	14-1909/Z-4	11/08/2014

LOCATION

33 Relation to Roadway Surface 1 — Crash occurred ☒ In ☐ Near CLINTON — or ____ Miles ☐N ☐S ☐E ☐W outside municipality

on [redacted] Highway Number, or Highway, Street. (If ramp or service road, indicate on line) — Municipality — ☐ Ramp or Service Road — (R.R.Crossing #____) ____ Miles (0 ft.=Intersection) ☐N ☐S ☐E ☐W (If available)

at #### WEST ROAD — Use Highway Number, Street Name or Adjacent County or State Line — ☐N ☐S ☒E ☐W — toward [redacted] — Use Highway Number, Street Name or Adjacent County or State Line — Latitude ____ Longitude ____ Altitude ____

UNIT # 3 ☒ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver [redacted] (First / Middle / Last / Suffix)

Address [redacted]

City FAISON State NC Zip [redacted]

Same Address on Driver's License? ☐ Yes ☒ No — Driver's Phone Numbers H (____) ____ W (____) ____

D.L. [redacted] D.L. Class ____ State NC — CDL License ☐

DOB [redacted] (mm/dd/ccyy) 34 Vision Obstruction 00 — 35 Physical Condition 01 — 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 — 38 Alcohol/Drugs Test 0 — 39 Results (if known) 0 — 40 Vehicle Seizure (DWI) ☐

Owner [redacted]

Address [redacted] Same Address as Driver? ☐

City CLINTON State NC Zip [redacted]

Plate # [redacted] Plate State NC Plate Year 2015

VIN 1HGCM56303A[redacted]

Vehicle Make HOND — Vehicle Year 2003 — 41 Vehicle Style (Type) 1 — 42 Vehicle Drivable ☐ Yes ☒ No

43 TAD BC-1 — 44 Estimated Damage $1000

Insurance Company PEAK PROPERTY AND CASUALTY

Policy # [redacted]

UNIT # ____ ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER ____

Driver ____ (First / Middle / Last / Suffix)

Address ____

City ____ State ____ Zip ____

Same Address on Driver's License? ☐ Yes ☐ No — Driver's Phone Numbers H (____) ____ W (____) ____

D.L. # ____ D.L. Class ____ State ____ — CDL License ☐

DOB ____ (mm/dd/ccyy) 34 Vision Obstruction ____ — 35 Physical Condition ____ — 36 D.L. Restrictions ____

37 Alcohol/Drugs Suspected ____ — 38 Alcohol/Drugs Test ____ — 39 Results (if known) ____ — 40 Vehicle Seizure (DWI) ☐

Owner ____ Same as Driver? ☐

Address ____ Same Address as Driver? ☐

City ____ State ____ Zip ____

Plate # ____ Plate State ____ Plate Year ____

VIN ____

Vehicle Make ____ — Vehicle Year ____ — 41 Vehicle Style (Type) ____ — 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD ____ — 44 Estimated Damage $____

Insurance Company ____

Policy # ____

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

Unit ____ 45 Cargo Body Type ____ ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

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

State ____ State# ____ IFTA# ____

FEI# ____ Fleet# ____ Gross Vehicle Weight Rating ____

	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	3	1	1	Unit1-Drv1, Ped1, etc. see above	H	F	2	1	0	2	1	4	see above — Veh# 3 Towed To/By: THORNTONS BODY SHOP/THORNTONS BODY SHOP
B				Unit2-Drv2, Ped2, etc. see above									see above — Veh# ____ Towed To/By:
C													
D													
E													
F													
G													
H													

46 Name of EMS A-EMS 74

47 Injured Taken by EMS to SAMPSON REGIONAL,CLINTON (Treatment Facility and City or Town)

46 Name of EMS ____

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

104206772 - 3

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# 3 15 / Unit#	VEHICLE INFO.	Veh # 3	Veh.#	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)	Unit# 3 / Unit#	60 Authorized Speed Limit	35		69 Road Feature		78 Workzone Area	
49 Vehicle Maneuver/Action	1 /	61 Estimate of Original Traveling Speed	0		70 Road Character		79 Work Activity	
50 Non-Motorist Action	/	62 Estimate of Speed at Impact	10		71 Road Classification		80 Work Area Marked	
51 Non-Motorist Location Prior to Impact	/	63 Tire Impressions Before Impact (ft.)	0		72 Road Surface Type		81 Crash Location	
52 Crash Sequence - First Event for This Unit	21 /	64 Distance Traveled After Impact (ft.)	8		73 Road Configuration		TRAILER INFO.	Unit# 3 / Unit#
53 Crash Sequence - Second Event *	/	65 Emergency Vehicle Use			74 Access Control		82 Trailer Type	00 /
54 Crash Sequence - Third Event *	/	66 Post Crash Fire (if "Yes" check block)	☐	☐	75 Number of Lanes		1st Trailer No. Axles	/
55 Crash Sequence - Fourth Event *	/	67 School Bus - Contact Vehicle *	☐	☐	76 Traffic Control Type		Width (inches)	/
56 Most Harmful Event for This Unit	21 /	68 School Bus - Noncontact Vehicle *	☐	☐	77 Traffic Control Oper		Length (feet)	/
57 Distance/Direction to Object Struck	1 /	COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit ____					2nd Trailer No. Axles	/
58 Vehicle Underride/Override	3 /	Haz Mat Placard ☐ Yes ☐ No	From Placard indicate:				Width (inches)	/
59 Vehicle Defects	0 /	Hazardous Cargo ☐ Yes ☐ No Released (does not include fuel from fuel tank)	4-digit placard number or name from diamond or box	1-digit number from bottom of diamond			Length (feet)	/
		Carrying Haz Mat ☐ Yes ☐ No	____	____			83 Unit# Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit #

84 DIAGRAM

Indicate North

Unit# 3 was: ☐ Traveling ☒ Parked Facing N S E W on [redacted]

Unit# ___ was: ☐ Traveling ☐ Parked Facing N S E W on ____

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

ADDITIONAL PROPERTY DAMAGE

58 Type/ Owner ____ Owner Address ____ Phone ____ State Property? ☐ Estimated Damage $ ____

WITNESSES

Name ____ Address ____ Phone No. (___) ____

Name ____ Address ____ Phone No. (___) ____

TRAFFIC VIOLATION(S)

Name ____ Charge(s) ____ (Citation # optional)

Name ____ Charge(s) ____

Officer Name	Officer Number	Department	Date of Report
Edgar Carter	161	Clinton Police Department	11/08/2014

30 April 2015

To whom it may Concern.

The Clinton Police Dept has the pictures where the Driver's side Air Bag did not deploy when crash accured. Nov. 7 2014

The police Dept. will not release pictures to me. They said I will need to call them 910-592-3105 to get Pictures which is Proof of a defective Air Bag.

Thanks A Lot

[redacted]

[redacted]

Roseboro NC [redacted]

MAY 29 2015

MAY 11 MAY 11 2015

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Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE
Washington, D.C ~~20077~~ 982
20079382

20590