

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 ☐

01-JUN-2015

JUL 15 2015

Reference No.

10722631

OWNER INFORMATION (Type or Print)

Name

Address

City

OSAWATOMIE

State KS

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

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

JHLRD788550

Make

HONDA

Model

CR-V

Model Year

2005

Date Purchased

11/2004

Dealer's Name and Telephone Number

FRANK ANCONA HONDA (913) 782-3636

Engine:

No: Cylinders

4

Fuel Type:

GAS

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

AUTO

☒ Antilock Brakes

☒ Cruise Control

Powertrain

4-wheel DRIVE

Multiple Failure:

Incident Date(s)

25-OCT-2012

23

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage

130,000

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: DOTM9ABC036)

☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ 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 OWNED A 2005 HONDA CR-V. WHILE DRIVING AT AN UNKNOWN RATE OF SPEED, THE DRIVER CRASHED INTO A TREE. THE DRIVER SIDE AIR BAG DEPLOYED WITH EXTREME FORCE. THE DRIVER SUSTAINED A FRACTURED RIGHT EYE SOCKET, LACERATIONS TO THE RIGHT CHEEK BONE, WHIPLASH, AND ALSO SUSTAINED FURTHER INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED. THE AIR BAGS WERE NOT INSPECTED BY THE INSURANCE COMPANY TO DETERMINE THE FAILURE. THE VEHICLE WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: (AIR BAGS), WHICH WAS RECEIVED AFTER THE CONTACT EXPERIENCED THE FAILURE. THE RECALL WAS UNABLE TO BE PERFORMED BECAUSE THE FAILURE OCCURRED YEARS BEFORE. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS UNAVAILABLE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

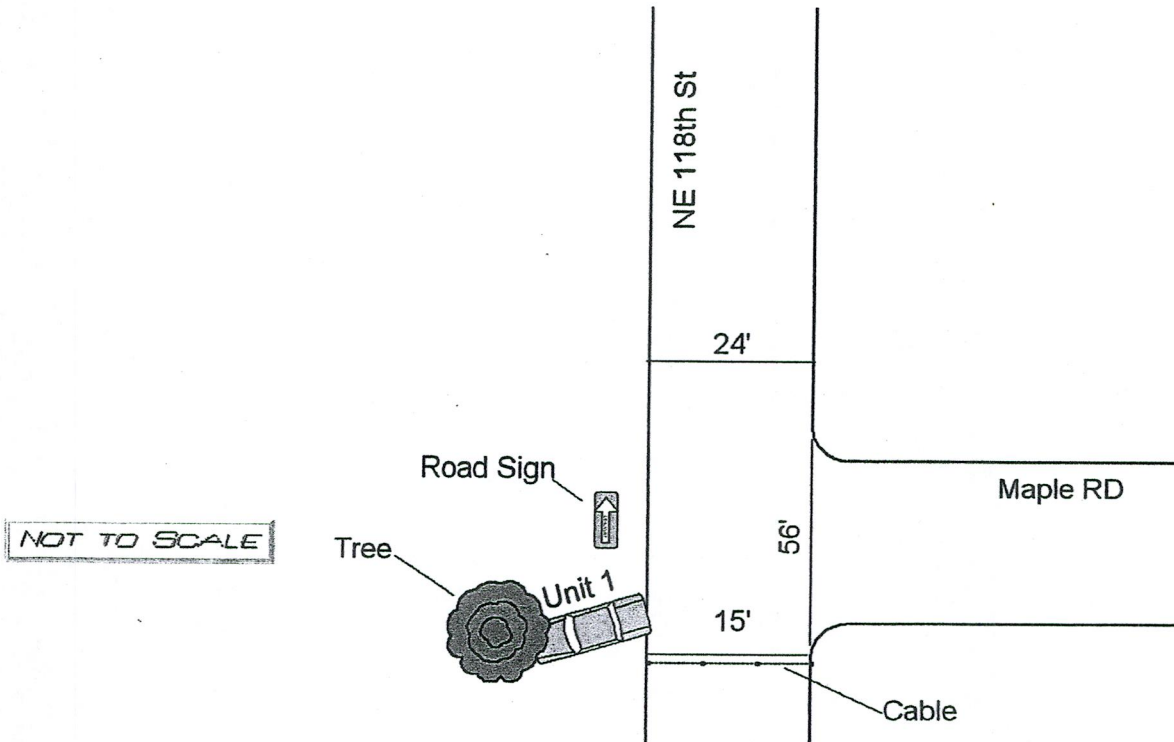
ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.

Kansas Motor Vehicle Accident Report KDOT Form 850A Rev 1-2009				Investigating Department Cherokee County Sheriff's Office		Reviewed by		Local Case No. [REDACTED]		Page of 1 / 4		☐ Amended Report ☐ DUI ☐ Hit & Run									
				Investigating Officer Name Nicholas Hartman		Badge Number 9		County CK		City Name				☒ Accident Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000 ☐ Private Property							
Milepost		Block No		Dir Pfx NE		On Road Name 118th		Road Type ST		Dir Sfx		SpdLmt 55		Date of Accident (mm/dd/yyyy) 10/23/2012		Time Occur. 00:02		Day TU			
From Dist 0.25		Ft/Mi M		From Dir S		Dir Pfx NE		Reference or At Road Name Star Valley		Road Type RD		Dir Sfx		SpdLmt 55		Date Notified (mm/dd/yyyy) 10/23/2012		Time Notif. 00:02		Day TU	
Narrative: Describe each traffic unit's pre-crash movement and direction of travel										Date Arrived (mm/dd/yyyy) 10/23/2012		Time Arriv. 00:35		Day TU							
Vehicle Unit 1 was traveling southbound on NE 118th St. Vehicle Unit 1 veered west and struck a tree.										Latitude (AOI)		00		ON		WORK ZONE TYPE		AT			
										Longitude (AOI)						00 None Apply					
										Photos by						01 Construction Zone -					
KDOT: Object 1 Damaged & Nature of Damage (show in diagram) ☐										Owner Street Address		Personal Phone									
Owner Last Name		First Name		Middle Name		City		State		Zip		Work Phone									
KDOT: Object 2 Damaged & Nature of Damage (show in diagram) ☐										Owner Street Address		Personal Phone									
Owner Last Name		First Name		Middle Name		City		State		Zip		Work Phone									
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE																					
05 LIGHT CONDITIONS 01 Daylight 04 Dark: street lights on 02 Dawn 05 Dark: no street lights 03 Dusk 99 Unknown				21 ACC. LOCATION (of 1st Harmful Event) <u>ON ROADWAY:</u> (within travel lanes) 11 Non-intersection 12 Intersection + 13 Intersection-related + 14 Access to Parking lot/Drvwy 15 Interchange Area + 16 On Crossover 17 Toll Plaza <u>OFF ROADWAY:</u> 20 Shoulder 21 Roadside (not shoulder) 22 Median 23 Parking lot or Rest area 88 Other: _____ 99 Unknown				08 ACCIDENT CLASS (mark 1 box per side) 1st Harmful Event Most Harmful Event 00 Other non-collision 01 Overturned/Rollover COLLISION WITH: 02 Pedestrian 03 Motor vehicle in-transport* 04 Legally Parked Vehicle 05 Railway train 06 Pedal cyclist 07 Animal Type: _____ 08 Fixed object** 09 Other object: _____ 99 Unknown				08 - WORK ZONE CATEGORY 01 Lane closure 02 Lane shift / crossover 03 Work on shoulder / median 04 Intermittent or moving vehicle 88 Other: _____ 99 Unknown									
00 ADVERSE WEATHER CONDITIONS 00 No adverse conditions 01 Rain, mist, drizzle 02 Sleet, hail 03 Snow 04 Fog 05 Smoke 06 Strong wind 07 Blowing dust, sand, etc. 08 Freezing rain, mist, drizzle 14 Rain & fog 16 Rain & wind 88 Other: _____ 24 Sleet & fog 36 Snow & wind 99 Unknown				+INTERSECTION TYPE 01 Four-way intersection 02 Five-way or more 03 T - intersection 04 Y - intersection 05 L - intersection 06 Roundabout (See Manual for Definitions) 07 Traffic Circle 08 Part of an interchange 99 Unknown				20 **FIXED OBJECT TYPE (mark 1 box per side if applicable) 1st Harmful Event Most Harmful Event 01 Bridge structure 02 Bridge rail 03 Crash cush./Impact attenuator 04 Divider, median barrier 05 Overhead sign support 06 Utility devices: pole, meter, etc 07 Other post or pole 08 Building 09 Guardrail 10 Sign post 11 Culvert 12 Curb 13 Fence/Gate 14 Hydrant 15 Barricade 16 Mailbox 17 Ditch 18 Embankment 19 Wall 20 Tree 21 RRXING fixtures 88 Other: _____ 99 Unknown				*COLLISION WITH VEHICLE (mark 1 box per side if applicable) 1st Harmful Event Most Harmful Event 01 Head on 02 Rear end 03 Angle - side impact 04 Sideswipe: opposite direction 05 Sideswipe: Same direction 06 Backed into 88 Other: _____ 99 Unknown									
03 ON SURFACE TYPE AT 01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: _____ 04 Dirt 05 Brick 99 Unknown				ROAD SPECIAL FEATURES (up to 3) 00 None 1 00 2 00 3 00 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRXING 05 Interchange 06 Ramp 99 Unknown				TRAFFIC CONTROLS (On / At Road) O/A Type Present OK/NF 00 None 01 Officer, flagger 02 Traffic signal 03 Stop sign 04 Flasher 05 Yield sign 06 RR gates / signal 07 RR crossing signs 08 No passing zone 09 Center/Edge lines 10 Warning signs 11 School zone signs 12 Parking lines 88 Other: _____ 99 Unknown													
01 ON SURFACE CONDITIONS AT 01 Dry 88 Other: _____ 02 Wet 03 Snow 99 Unknown 04 Ice 05 Mud/dirt/sand 06 Debris (oil, etc.) 07 Standing/ moving water 08 Slush																					

Accident Diagram 850A continued		SPECIAL EVENT		SPECIAL DATA		Local Case No. 12-1276	Page of 2 / 4	
02 ON	ROADWAY NUMBER OF LANES AT	04 ON	ROAD CHARACTER AT	00	SPECIAL JURISDICTION			A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report. <u>Indicate North Direction</u> 
	01 One 02 Two 03 Three 04 Four to Six 05 Seven or more 88 Other: _____ 99 Unknown		01 Straight & Level 02 Straight on grade/slope 03 Straight on hillcrest 04 Curved & level 05 Curved on grade/slope 06 Curved on hillcrest 88 Other: _____ 99 Unknown		00 Normal Jurisdiction (Not Special) 01 National Park Service 02 Military 03 Indian Reservation 04 College / University Campus 05 Other Federal property 88 Other: _____ 99 Unknown			

Draw scene as observed or recreate per statements and evidence available



Occupants & Vehicles KDOT Form 850B Rev. 1-2009				DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)				Investigating Officer / Badge No. Nicholas Hartman 9				Local Case No. 		Page of 3 / 4			
TU# VIOLATIONS CHARGED				CITATION# 				TU# VIOLATIONS CHARGED				More violations in narrative ☐ CITATION# 					
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)																	
D1		37															
Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit							
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?							
TU	01		MN				F	S	I								
ST	01		DOB	Osawatamie	KS			N									
TU			MN														
ST			DOB														
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc) TRAFFIC UNIT# (02, 04, N2, X4, etc)																	
DL State	Driver's License Number		DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number		DL Class	Driving for Employer?	CDL?						
			C														
01 DR LICENSE COMPLY			RESTRICT COMPLY			COMMERCIAL ENDORSEMENTS			DR LICENSE COMPLY			RESTRICT COMPLY			COMMERCIAL ENDORSEMENTS		
00 Not licensed			Restrictions? ☐ N			1 ☐ 2 ☐ 3 ☐ 4 ☐			00 Not licensed			Restrictions? ☐			1 ☐ 2 ☐ 3 ☐ 4 ☐		
01 Valid License			Driver's Lic Restrictions Y N			Z - None			01 Valid License			Driver's Lic Restrictions Y N			Z - None		
02 Suspended			1 ☐ 2 ☐ 3 ☐ 4 ☐			T - Double/Triple Trailer			02 Suspended			1 ☐ 2 ☐ 3 ☐ 4 ☐			T - Double/Triple Trailer		
03 Revoked			2 ☐ 3 ☐ 4 ☐			P - Passenger Vehicle			03 Revoked			2 ☐ 3 ☐ 4 ☐			P - Passenger Vehicle		
04 Expired			3 ☐ 4 ☐			N - Tank Vehicle			04 Expired			3 ☐ 4 ☐			N - Tank Vehicle		
05 Cancl'd or Denied			4 ☐			H - Placarded Haz. Material			05 Cancl'd or Denied			4 ☐			H - Placarded Haz. Material		
06 Disqualified						X - Combination Tank/HazMat			06 Disqualified						X - Combination Tank/HazMat		
07 Restricted						S - School Bus			07 Restricted						S - School Bus		
99 Unknown						U - Unknown			99 Unknown						U - Unknown		
SUBSTANCE USE (mark all that apply) SUBSTANCE USE (mark all that apply)																	
☐ AP - Alcohol ingested				☐ DC - Illegal drugs contributed				☐ AP - Alcohol ingested				☐ DC - Illegal drugs contributed					
☐ AC - Alcohol contributed				☐ MP - Medication ingested				☐ AC - Alcohol contributed				☐ MP - Medication ingested					
☐ DP - Illegal drugs ingested				☐ MC - Medication contributed				☐ DP - Illegal drugs ingested				☐ MC - Medication contributed					
METHOD OF DETERMINATION (mark all that apply)								METHOD OF DETERMINATION (mark all that apply)									
ALCOHOL ☒ 00 No evidence of impairment ☐ 01 Evidential Test (Breath, Blood, etc) ☐ 02 Preliminary Breath Test PBT ☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. ☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) ☐ 05 Observed (Odor, staggering, slurred speech, etc) ☐ 06 Other (e.g. saliva test)								DRUGS ☒ NG - No Test given ☐ TR - Test Refused (Alcohol/Drug) ☐ PT - Prelim Positive Test (PBT) ☐ TG - Evidentiary Test given ☐ RP - Results pending ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0. Drug screen result ☐									
Unit # SEAT Type PASSENGER Last Name PASSENGER First Name Middle Name Date of Birth PASSENGER ADDRESS (Number, Street, Sfx, etc.) City Personal Phone Number Work Phone Number Gender Age SE Used Eject/Trap Inj Severity Eject Path Transpt Unit Extrication?																	
TU	01		MN														
ST	03		DOB	Paola	KS												
TU	01		MN														
ST	06		DOB	Conway Springs	KS												
TU			MN														
ST			DOB														
TU			MN														
ST			DOB														
Transport Unit		EMS Time Notified	Injured taken by:			Transport Unit		EMS Time Notified	Injured taken by:								
EMS Arrived		EMS Time@Hosp	Injured taken to:			EMS Arrived		EMS Time@Hosp	Injured taken to:								

Occupants & Vehicles 850B Continued				VEHICLE# 01 (01, 03, N3, X3, etc)		SPECIAL DATA		VEHICLE# (02, 04, N2, X4, etc)				SPECIAL DATA		Local Case No.		Page of 4 / 4							
OWNER Last Name ("Same" if Driver)				OWNER First Name		Middle Name		OWNER Last Name ("Same" if Driver)				OWNER First Name		Middle Name									
OWNER ADDRESS (Number, Street)				New address? ☐		Personal Phone		OWNER ADDRESS (Number, Street)				New address? ☐		Personal Phone									
CITY				ST		ZIP		CITY				ST		ZIP		Work Phone							
COLOR				YEAR		MAKE		MODEL		BODY STYLE		ST											
GRY				2005		HOND		CRV		4D		KS											
LICENSE PLATE #				County		Exp YR		Removed by:		MC CCs		LICENSE PLATE #				County		Exp YR		Removed by:		MC CCs	
2012								Bean's Towing															
VEHICLE IDENTIFICATION NUMBER				Dir of Travel		# Occupants		VEHICLE IDENTIFICATION NUMBER				Dir of Travel		# Occupants									
JHLRD788550				S		03																	
Insurance Company				Policy Number				Insurance Company				Policy Number											
Garrison Prop. & Cas. Ins																							
SPECIAL CONDITIONS FOR TRAFFIC UNITS				1		2		3		4		5		Odometer		Fire?							
7														150093		☐							
1 Hit & Run				2 Non-Contact		3 Stolen		7 Towed away due to damage		1 Hit & Run				2 Non-Contact		3 Stolen		7 Towed away due to damage					
4 Legally Parked				5 Pursued by LE		6 Driverless				4 Legally Parked				5 Pursued by LE		6 Driverless							
06 VEHICLE BODY TYPE				LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)				VEHICLE BODY TYPE				LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)											
01 Automobile				10 Single heavy truck >10,000 lbs				01 Automobile				10 Single heavy truck >10,000 lbs											
02 Motorcycle				11 Truck & trailer(s)				02 Motorcycle				11 Truck & trailer(s)											
03 Motor scooter or Moped				12 Tractor-trailer(s)				03 Motor scooter or Moped				12 Tractor-trailer(s)											
04 Van				13 Cross country bus				04 Van				13 Cross country bus											
05 Pickup truck <10,001 lbs				14 School bus				05 Pickup truck <10,001 lbs				14 School bus											
06 Sport utility veh - SUV				15 Transit (city) bus				06 Sport utility veh - SUV				15 Transit (city) bus											
07 Camper or RV				16 Other bus				07 Camper or RV				16 Other bus											
08 Farm machinery				25 Train				08 Farm machinery				25 Train											
09 All-terrain vehicle - ATV				88 Other:				09 All-terrain vehicle - ATV				88 Other:											
				99 Unknown								99 Unknown											
01 VEHICLE USE				03 VEHICLE DAMAGE				VEHICLE USE				VEHICLE DAMAGE											
01 No special use				06 Police		00 None		01 No special use				06 Police		00 None		04 Destroyed							
02 Taxi / Limo				07 Ambulance		01 Damage (minor)		02 Taxi / Limo				07 Ambulance		01 Damage (minor)		88 Other:							
03 School bus				08 Fire		02 Functional		03 School bus				08 Fire		02 Functional									
04 Other bus				09 Mail/Parcel		03 Disabling		04 Other bus				09 Mail/Parcel		03 Disabling		99 Unknown							
05 Military				99 Unknown				05 Military				99 Unknown											
DAMAGE LOCATION AREA				01 VEH. MANU. BEFORE UNSTAB. SIT.				DAMAGE LOCATION AREA				VEH. MANU. BEFORE UNSTAB. SIT.											
First Impact 12 Major Impact 12				01 Straight/ following road		11 Stopped awaiting turn		First Impact Major Impact				01 Straight/ following road		11 Stopped awaiting turn									
				13		6C		6A		6B		9A		8		7		3B		4		5	
☐ 14 Undercarriage				☒ 15 Windshield		☐ 14 Undercarriage				☐ 15 Windshield		☐ 16 Other windows				☐ 99 Unknown		☐ 17 Entire vehicle damaged				☐ 88 Other:	
Trailer: Present / Damaged				10 Backing		99 Unknown		Trailer: Present / Damaged				10 Backing		99 Unknown									
VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)											
1 01 2 27 3 4				1 2 3 4		☒ The exact sequence is unknown		1 2 3 4				1 2 3 4		☐ The exact sequence is unknown									
NON-COLLISION				COLLISION WITH				NON-COLLISION				COLLISION WITH											
01 Ran off road right				10 Downhill runaway		21 Pedestrian		01 Ran off road right				10 Downhill runaway		21 Pedestrian									
02 Ran off road left				11 Trailer swing		22 Motor veh in-transport		02 Ran off road left				11 Trailer swing		22 Motor veh in-transport									
03 Crossed centerline				12 Separation of units		23 Legally Parked Vehicle		03 Crossed centerline				12 Separation of units		23 Legally Parked Vehicle									
04 Overturn/Rollover				13 Jackknife		24 Train		04 Overturn/Rollover				13 Jackknife		24 Train									
05 Crossed median				14 Fire		25 Pedal cycle (bike, etc)		05 Crossed median				14 Fire		25 Pedal cycle (bike, etc)									
06 Fell/Jumped from veh				15 Explosion		26 Animal		06 Fell/Jumped from veh				15 Explosion		26 Animal									
07 Thrown or falling object				16 Immersion in water		27 Fixed Object		07 Thrown or falling object				16 Immersion in water		27 Fixed Object									
08 Cargo loss or shift				88 Other event:		28 Other moveable object		08 Cargo loss or shift				88 Other event:		28 Other moveable object									
09 Equipment failure (fire brakes, etc)				98 Unknown non-coll		99 Unknown object		09 Equipment failure (fire brakes, etc)				98 Unknown non-coll		99 Unknown object									



