

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) FOR AGENT USE ONLY 100148



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET:www.nhtsa.dot.gov/hotline

Date Received	Repository <input type="checkbox"/>
11-JUN-2015 NOV 11 2015	Reference No. 10724780

**OWNER INFORMATION (Type or Print)**

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City RALEIGH	State NC	Zip Code

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 5TBBT48141S	Make TOYOTA	Model TUNDRA	Model Year 2001
Date Purchased 2002	Dealer's Name and Telephone Number Fred Anderson Toyota 919-890-3634	Engine: No: Cylinders 8	Fuel Type: Regular Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City Raleigh	State NC	Zip Code
Transmission Type Manual	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Airbag Failure
		Incident Date(s) 09-FEB-2015	

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 200000	Failure Speed 0 mph
---	---------------------------	------------------------

**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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	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 2001 TOYOTA TUNDRA. WHILE AT A COMPLETE STOP, THE CONTACT'S VEHICLE WAS STRUCK BY ANOTHER VEHICLE TRAVELING APPROXIMATELY 45 MPH. THE FRONTAL AIR BAGS DID NOT DEPLOY. THE VEHICLE WAS DESTROYED. BOTH DRIVERS WERE TRANSPORTED TO THE HOSPITAL BY AMBULANCE. A POLICE REPORT WAS FILED. THE CONTACT HAD TO STAY IN THE HOSPITAL FOR THREE DAYS. THE CONTACT RECEIVED CARDIAC IMPACT WITH THE STEERING WHEEL BECAUSE THE AIR BAG DID NOT DEPLOY. THE MANUFACTURER WAS NOT NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 200,000.

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.

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.

2

No. of Units Involved Form 1 of 1

Supplemental Report

Non-Reportable

Do not write in these spaces

1 3 Date 02/09/2015 County WAKE Time 18:32 Local Use/Patrol Area [REDACTED] Date Received by DMV

2 2 LOC 33 Relation to Roadway Surface 1 Crash Occurred  In RALEIGH or [REDACTED] Miles outside municipality  
 3 2 ATION  At HIDDEN BRANCHES  Ramp or Service Road toward WHEATSTONE LN  
 (R.R. Crossing # [REDACTED] Miles 0 ft. N S E W)  
 Latitude 35.8945N  
 Longitude -78.7014W  
 Altitude

4 3 UNIT # 1  VEHICLE  PEDESTRIAN  HIT & RUN  COMMERCIAL  
 Driver [REDACTED] First Middle Last  
 Address [REDACTED]  
 City RALEIGH State NC Zip [REDACTED]  
 Same Address on Driver's License?  Yes  No Driver's Phone Numbers [REDACTED]  
 D.L.# REDACTED 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 RALEIGH State NC Zip [REDACTED]  
 Plate # [REDACTED] Plate NC Year 2015  
 VIN 5TBBT48141S [REDACTED]  
 Vehicle Make TOYOTA Vehicle Year 2001 41 Vehicle Style (Type) 2 42 Vehicle Drivable  Yes  No  
 43 TAD FL-3 44 Estimated Damage \$8,000.00  
 Insurance Company AMICA  
 Policy # [REDACTED]

4 3 UNIT # 2  VEHICLE  PEDESTRIAN  HIT & RUN  OTHER  
 Driver [REDACTED] First Middle Last  
 Address [REDACTED]  
 City RALEIGH State NC Zip [REDACTED]  
 Same Address on Driver's License?  Yes  No Driver's Phone Numbers [REDACTED]  
 D.L.# REDACTED 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 RALEIGH State NC Zip [REDACTED]  
 Plate # [REDACTED] Plate NC Year 2015  
 VIN KMHHM65D96U [REDACTED]  
 Vehicle Make HYUNDAI Vehicle Year 2006 41 Vehicle Style (Type) 1 42 Vehicle Drivable  Yes  No  
 43 TAD FD-4 44 Estimated Damage \$10,000.00  
 Insurance Company USAA CASUALTY INSURANCE COMPANY  
 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	1	0	2	1	4 see above	Veh# 1 Towed To/By: PRICE'S WRECKER SERVICE / PRICE'S WRECKER SERVICE
B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	B	M	2	2	0	2	1	3 see above	Veh# 2 Towed To/By: EAST COAST TOWING / EAST COAST TOWING
C	2	2	3	REDACTED	W	F	2	2	0	2	1	3	[REDACTED] RALEIGH, NC [REDACTED]
D													
E													
F													
G													
H													

46 Name of EMS A - EMS #38

46 Name of EMS B,C - EMS #22

47 Injured Taken by EMS to A - DUKE HEALTH RALEIGH (Treatment Facility and City or Town)

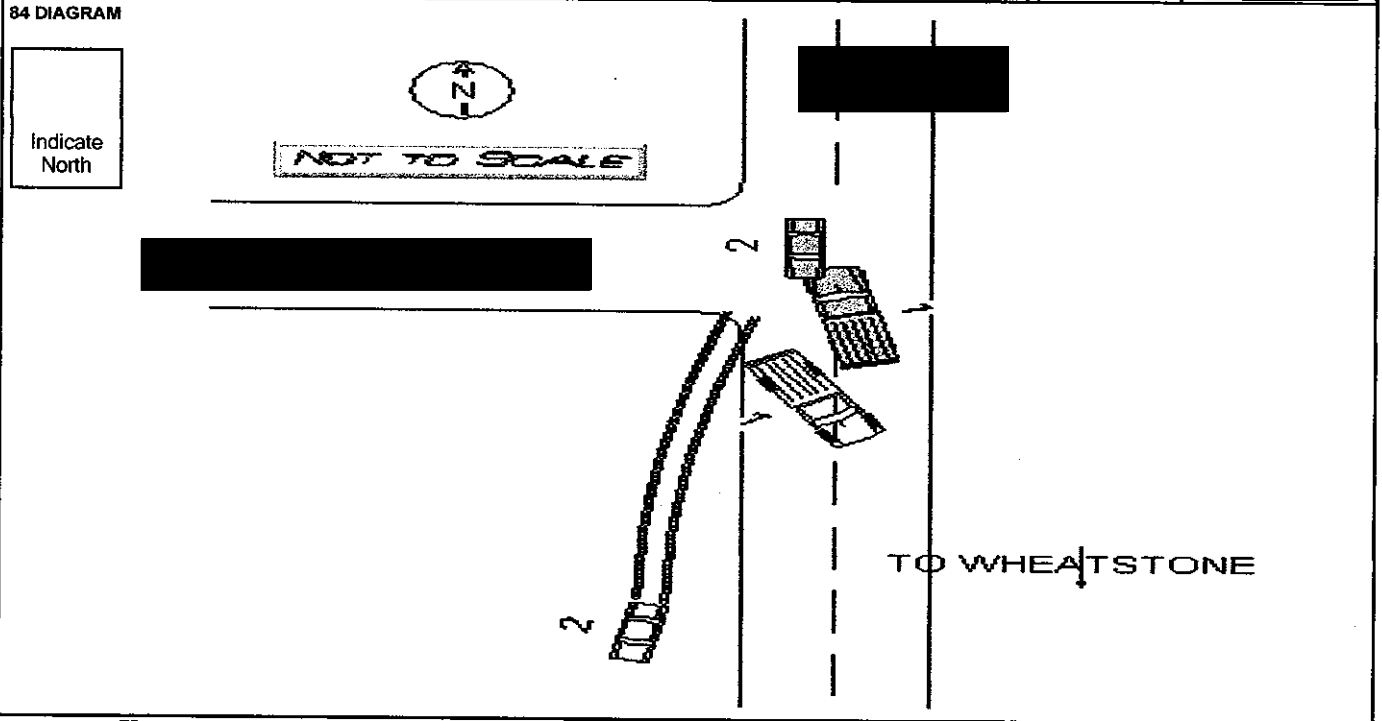
47 Injured Taken by EMS to B,C - REX (Treatment Facility and City or Town)

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

Form 1 of 1

Local Use/Patrol Area

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit # 1 3	Unit # 2 2,3	VEHICLE INFO.				ROADWAY INFO.				WORK ZONE RELATED			
60 Authorized Speed Limit			Veh # 1 45	Veh # 2 45	69 Road Feature	8	78 Work Zone Area	5						
CRASH SEQUENCE (Unit Level)	Unit # 1	Unit # 2	61 Estimate of Original Traveling Speed	15	50	70 Road Character	2	79 Work Activity						
49 Vehicle Maneuver/Action	8	4	62 Estimate of Speed at Impact	15	40	71 Road Classification	5	80 Work Area Marked						
50 Non-Motorist Action			63 Tire Impressions Before Impact (ft.)	0	0	72 Road Surface Type	3	81 Crash Location						
51 Non-Motorist Location Prior to Impact			64 Distance travelled After Impact (ft.)	25	100	73 Road Configuration	2	TRAILER INFO. Unit # 1 Unit # 2						
52 Crash Sequence - First Event for this Unit	30	30	65 Emergency Vehicle Use			74 Access Control	3	82 Trailer Type	0	0				
53 Crash Sequence - Second Event		1	66 Post Crash Fire (if 'Yes' check block)			75 Number of Lanes	2	1st Trailer No. Axles						
54 Crash Sequence - Third Event			67 School Bus - Contact Vehicle			76 Traffic Control Type	0	Width (inches)						
55 Crash Sequence - Fourth Event			68 School Bus - Noncontact Vehicle			77 Traffic Control Oper		Length (feet)						
56 Most Harmful Event for this Unit	30	30	COMMERCIAL VEHICLE: Hazardous Material Involvement Unit <input type="checkbox"/> Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard Indicate: <input type="checkbox"/> Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				83 Unit #	Overwidth Permit #						
57 Distance/Direction of Object Struck							83 Unit #							
58 Vehicle Underride/Override	3	3					Overwidth Trailer and Overwidth							
59 Vehicle Defects	0	0					Motorhome							



Unit # 1 was  Traveling  Parked Facing N S E W on [redacted] Unit # 2 was  Traveling  Parked Facing N S E W on [redacted]

**85 NARRATIVE** (include pertinent unusual aspects which are not listed elsewhere on the form) UNIT 1 NORTHBOUND ON [redacted] ATTEMPTING LEFT TURN ONTO [redacted] UNIT 2 SOUTHBOUND ON [redacted] UNIT 2 WAS REPORTED TO BE TRAVELING WITHOUT HEADLIGHTS. UNIT 1 MADE A LEFT ONTO [redacted] AND UNIT 1 AND UNIT 2 COLLIDED. UNIT 1 COMPLETED AN APPROXIMATE 180 DEGREE SPIN AND UNIT 2 RAN OFF THE ROAD TO THE RIGHT AND TRAVELED APPROXIMATELY 100 FEET. THE WITNESS STATEMENT IS AS FOLLOWS: "THE LITTLE BLACK CAR WAS BEHIND ME SINCE AROUND MCDONALDS. IT DID NOT HAVE ITS LIGHTS ON THE ENTIRE TIME. WHEN I HEARD THE CRASH I SAW IT WAS THE BLACK CAR AND STOPPED. THERE IS NO WAY THE OTHER GUY COULD HAVE EVER SEEN THAT CAR."

86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ State Property?  Estimated Damage \$ \_\_\_\_\_  
 Phone \_\_\_\_\_

WITNESSES  
 Name \_\_\_\_\_ Address \_\_\_\_\_ RALEIGH NC \_\_\_\_\_ Phone No \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_

TRAFFIC VIOLATION(S)  
 Name \_\_\_\_\_ Charge(s) FAILURE TO BURN HEADLAMPS  
 (Citation # optional) \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_

Officer Name OFFICER J C GWINN Officer Number 3749 Department RALEIGH POLICE DEPARTMENT Date of Report 02/09/2015  
 NC0920100