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 ☐
15-JUN-2015 NOV 17 2015	Reference No. 10725322

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City WALTERBORO	State SC	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
2C3KA43R77H[redacted]	DODGE	RAM 1500	2004

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) 28-OCT-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, BRAKES (PWS)	Failure Mileage 135000	Failure Speed 60

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	1	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 2004 DODGE RAM 1500. WHILE DRIVING AT 60 MPH, THE BRAKE PEDAL WAS DEPRESSED AND DID NOT EFFECTIVELY STOP THE VEHICLE. THE VEHICLE VEERED ACROSS THE ROADWAY AND ENDED UP IN A DITCH. THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED BRUISES TO THE BODY AND MEDICAL ATTENTION WAS NOT REQUIRED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC WHERE IT WAS DIAGNOSED THAT THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS 135,000.

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

[redacted]

Mail FR-10 to: SC Department of Motor Vehicles
Office of Financial Responsibility (803) 896-5000
PO Box 1498, Blythewood, SC 29016-0050

SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES FR-10 (REV. 11/2011)
NOTICE OF REQUIREMENT

Submit Electronically. Agents or Company Representatives can submit your insurance information at WWW.SC-ALIR.COM

Date	Time	County	Collision Location (Rt. # / Name)	Main line / Connection	Miles:	Dir.	In (Near) City or Town of:
10-28-2014	1600	15	1- Interstate 2- US Primary 3- SC Primary 4- Secondary 5- County 6- PP	1- Main line 2- Alternate 3- Connection 4- Business 5- Spur	.37	N E S (W)	WALTERBORO

To Vehicle Owner/ Operator	Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

E- [redacted] | Driver/Pedestrian's Full Name: [redacted]

Unit #	Sex	Race	Street
01	F	B	[redacted]

#Occ	Birth Date	City, State, & Zip
2	[redacted]	WALTERBORO SC [redacted]

State	Driver's License #	Insurance Company:
SC	[redacted] BP	NATIONWIDE INSURANCE CO

Year	Body	Vehicle Make	VIN #
2004	PK	DODG	1D7HA16D44J [redacted]

State	Year	License Plate #	Owner's D.L. #
SC	2015	[redacted]	UNKNOWN

Home Telephone	Owner's Full Name	Bus. Telephone	Street
[redacted]	[redacted]	[redacted]	[redacted]

Contributed To Collision: (Yes) No

City, State, & Zip: WALTERBORO SC [redacted]

Driver/Pedestrian's Full Name:

Unit #	Sex	Race	Street

#Occ	Birth Date	City, State, & Zip

State	Driver's License #	Insurance Company:

Year	Body	Vehicle Make	VIN #

State	Year	License Plate #	Owner's D.L. #

Home Telephone	Owner's Full Name	Bus. Telephone	Street
( )		( )	

Contributed To Collision: Yes No

City, State, & Zip:

Driver/Pedestrian's Full Name:

Unit #	Sex	Race	Street

#Occ	Birth Date	City, State, & Zip

State	Driver's License #	Insurance Company:

Year	Body	Vehicle Make	VIN #

State	Year	License Plate #	Owner's D.L. #

Home Telephone	Owner's Full Name
( )	

Bus. Telephone	Street
( )	

Contributed To Collision: Yes No

City, State, & Zip:

All Units Insurance Information
(to be completed by Investigating Officer)

Accident Insurance Information for Unit # 01

Company Name	Area Code/Phone Number
NATIONWIDE INSURANCE CO	(800) 4213535

Agency Name	Policy Number
	[redacted]

Accident Insurance Information for Unit #

Company Name	Area Code/Phone Number
	( )

Agency Name	Policy Number

Accident Insurance Information for Unit #

Company Name	Area Code/Phone Number
	( )

Agency Name	Policy Number

Automobile Liability Insurance Information

Notice of Requirement Accepted → Signature

Y N Refused to Affix Signature?

Y N Vehicle Subject to Registration in SC?

To Be Completed Below or Entered at WWW.SC-ALIR.COM By Insurance Company representative. This form should not be mailed to DMV if insurance information has been submitted electronically

Reference to Unit #: _____, I here by affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.

The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein

Insurance Company	Policy #:	Signature	Title

Beginning Date:	Ending Date:	Policy Holder:	NAIC# (Assigned by S.C. Dept. of Ins.)	Bus. Telephone
				( )

Notice: If liability insurance was not in effect for your vehicle involved in the collision, the Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

If any of the below are applicable, Disregard the above portion.

- ☐ Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle
- ☐ Check here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number: SI - _____
- ☐ Check here if liability insurance was not in effect to comply with South Carolina statutory requirements

Signature: _____ Date: _____

Form FR-10 Not Issued: Section 56-10-520

No FR-10 Issued to Operator/ Owner of Unit #: _____

Summons issued to:

For operating or allowing the operation of an uninsured vehicle — Summons Number: _____ Signature: _____

Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name:	Rank	Internal Agency Code
HARDEE - R L	F/SGT	F43	HP06				14CH116342