 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		POLICY USE ONLY 100148 Date Received: 20-JUL-2015 OCT 19 2015		Repository <input type="checkbox"/> Reference No. 10735314	
OWNER INFORMATION (Type or Print)							
Name				Daytime Telephone Number		E-mail Address	
Address				Evening Telephone Number			
City LOUISA		State KY		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 2T1BY32E66C [redacted] ← Correct				Make TOYOTA		Model COROLLA	Model Year 2006
Date Purchased 2009		Dealer's Name and Telephone Number			Engine: No: Cylinders 4		Fuel Type:
Original Owner <input type="checkbox"/>		Dealer's City		State TX	Zip Code		
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		Multiple Failure: Air Bags did not deploy.		Incident Date(s) 24-AUG-2014 OCT 24 /2014
<input checked="" type="checkbox"/> Cruise Control							
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 140000 AIR BAGS					Failure Mileage 186000		Failure Speed Sitting Still
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: DOTM19ABC036)			<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 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). *turn over page*							
TL* THE CONTACT OWNED A 2006 TOYOTA COROLLA. WHILE STOPPED AT A TRAFFIC LIGHT, THE VEHICLE WAS REAR ENDED BY AN ONCOMING VEHICLE. THE IMPACT CAUSED A CHAIN REACTION CRASH AND THE CONTACT'S VEHICLE BECAME LODGED UNDERNEATH THE REAR OF THE PRECEDING VEHICLE. THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED NECK AND LOWER BACK INJURIES, AND A PINCHED NERVE IN THE LOWER BACK WHICH REQUIRED MEDICAL ATTENTION. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 186,000. The owner [redacted] was not made aware of the recall on the failed air bag. * I have this vehicle that is <u>not</u> repaired if you would like to investigate the vehicle.							
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.							

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

I was traveling through Johnson Co., Stopped behind a vehicle @ red light, all of a sudden ~~at~~ I heard a loud noise and seen in slow motion my hair passing my face and my head slammed forward toward the steering wheel - seconds later unaware of what had happened I found myself stunned in shock at the steering wheel w/hood buckled and my vehicle up under another vehicle - ~~the~~ vehicle that driver pulled her vehicle off my car and came to check on me - No air bags deployed. I now have a neck and back injury. ~~the~~ Bulding disc ATTACH ADDITIONAL SHEETS IF NECESSARY Arthritic Pain from this Car accident. See Attached photos.

US Department of Transportation

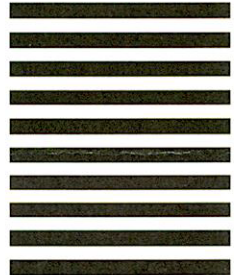
National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE 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**



safercar.gov

Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

11-10-14:09:52AM:From:

To:7892802

:6067896427

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KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT

DRAFT

MASTER FILE #

INVESTIGATING AGENCY PAINTSVILLE POLICE DEPARTMENT	AGENCY ORI NUMBER [REDACTED]	LOCAL CODE [REDACTED]
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ROADWAY NAME OLD US 23	PARKING LOT: N	INTERSECTION WITH: N	BETWEEN STREETS: N
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ROADWAY # KY0321	DISTANCE FROM MILEPOINT	MILEPOINT # 8.256	INJURED	KILLED	# UNITS INVOLVED 3	HIT & RUN NO	ONE WAY NO	SPEED LIMIT 045 MPH
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IN CITY LIMITS? YES	LATITUDE DEG: 37 MIN: 49.34	COLLISION DATE AND TIME 10/24/2014 17:30
MILES FROM CITY	LONGITUDE DEG: 82 MIN: 49.122	

CITY/TOWN: 05801 - PAINTSVILLE	RAMP: NO
COUNTY: 058 - JOHNSON	FROM: DNR
SECONDARY COLLISION: NO	TO: DNR

MANNER OF COLLISION 05 - REAR END	LOCATION 1ST EVENT 03 - ON ROADWAY	TRAFFIC CONTROL 01 - ADVISORY SPEED SIGN 11 - STOP & GO SIGNAL
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ROADWAY TYPE 07 - STATE	TOTAL LANES 2	ROADWAY CHARACTER 06 - STRAIGHT & LEVEL	ROADWAY SURFACE 01 - ASPHALT	ROADWAY CONDITION 01 - DRY
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WEATHER 02 - CLEAR	LIGHT CONDITION 02 - DAYLIGHT	LAND USE 01 - BUSINESS	SCHOOL BUS RELATED 03 - NOT APPLICABLE
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FIRST AID AT SCENE NO	FIRST AID GIVEN BY
INJURED REMOVED TO	

EMS AGENCY AND RUN #	EMS AGENCY AND RUN #	EMS AGENCY AND RUN #
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NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
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INJURED OR DECEASED REMOVED BY

1 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
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OWNER/ADDRESS

2 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
---	----------

OWNER/ADDRESS

3 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
---	----------

OWNER/ADDRESS

INV. COMPLETE YES	PHOTOS NO	PHOTOGRAPHER UNIT NO.
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INVESTIGATOR WHEELER S	ID NUMBER 403	BEAT OR POST NO.	TIME NOTIFIED 17:31	TIME ARRIVED 17:37	ROWY OPENED 17:59
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REVIEWED BY	PAGE 1 OF 5
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KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT DRAFT

MASTER FILE #

INVESTIGATING AGENCY PAINTSVILLE POLICE DEPARTMENT AGENCY ORI NUMBER LOCAL CODE

UNIT # 1 TOWED? NO TOWED DUE TO DISABLED? NO # OCCUPANTS 2 PEDESTRIAN FACTORS

OPERATOR'S LIC. NO. STATE KY LIC. CLASS D ENDORSEMENT OPERATORS LICENSE RESTRICTIONS

CDL NO CO. RESIDENT NO OWNER NO COMPLIANT YES

OPERATOR NAME (L.N. F.M.I.) DATE OF BIRTH ADDRESS ELKHORN CITY, KY

A. PRE-COLLISION VEHICLE ACTION 13 - SLOWING OR STOPPED B. UNIT TYPE 08-LY TRUCK(VAN/SPORTS UTILITY/PICKUP) C. FIRE NO D. OVERTURNED NO

E. HUMAN FACTORS 14 - INATTENTION F. H. EVENT COLLISION 1ST: 05 - OTHER MOTOR VEHICLE

I. VEHICULAR FACTORS 99 - NONE DETECTED J. ENVIRONMENTAL FACTORS 99 - NONE DETECTED

K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE

INVOLVED PERSONS: NAME ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
ELKHORN CITY, KY FEMALE	DOB: [REDACTED]	01	NO	01	05		01	01	01	01	01
ELKHORN CITY, KY FEMALE	DOB: [REDACTED]	08	NO								
		02	NO	04	05		05	01	01	01	01

VEH YEAR 2000 MAKE LEXUS MODEL RX300 TYPE LL STATE KY REGISTRATION NUMBER YEAR 2014

VEHICLE ID NUMBER JT6HF10U2Y0 VEHICLE INSURED YES NAME OF INSURANCE CO. HEARTFORD UNDERWRITERS INSURANCE POLICY # COLOR OF VEH WHI

1ST AREA OF CONTACT 01 - FRONT VEHICLE 1ST AREA CONTACT - COMBINATION VEHICLE EXTENT OF DAMAGE VERY MINOR AIR BAG SWITCH ON TRAVEL DIRECTION NORTH

ESTIMATED TRAVEL SPEED MOST HARMFUL EVENT

COMMERCIAL VEH. NO LARGE TRUCK OR BUS NO PLACARD PRESENT HAZ. CARGO HAZ. SPILL HAZ. MAT. # TYPE CARGO/COMMODITY HAS SAFETY REPORT #

H/M CLASS CARRIER TYPE

SINGLE/COMBINATION/BOBTAIL NO. AXLES NO. TRAILERS US DOT # ICC TAG # CRASH AVOIDANCE (Fatal Only)

VEHICLE CONFIGURATION CARGO BODY TYPE BUS USE

GWR TOTAL MOTOR CARRIER NAME CARRIER NAME SOURCE

MOTOR CARRIER ADDRESS

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER NO METHOD OF DETERMINATION 02 - OBSERVATION

TAKEN BY

TEST OFFERED	CHEMICAL TEST	TESTED FOR	SENT TO	RESULTS	PAGE
NO					

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KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT
DRAFT

MASTER FILE #

INVESTIGATING AGENCY PAINTSVILLE POLICE DEPARTMENT AGENCY ORI NUMBER LOCAL CODE

UNIT # TOWED? YES - DRIVER MADE CONTACT WITH WRECKER FROM LAWRENCE COUNTY TOWED DUE TO DISABLED? YES # OCCUPANTS 1 PEDESTRIAN FACTORS

OPERATORS LIC. NO. STATE KY LIC. CLASS D ENDORSEMENT OPERATORS LICENSE RESTRICTIONS

CDL NO CO. RESIDENT NO OWNER YES

OPERATOR NAME (L.N. FM. MI) DATE OF BIRTH ADDRESS LOUISA, KY COMPLIANT YES

A. PRE-COLLISION VEHICLE ACTION 16 - STOPPED IN TRAFFIC B. UNIT TYPE 14-PASSENGER CAR C. FIRE NO D. OVERTURNED NO

E. HUMAN FACTORS 97 - OTHER

F. H. EVENT COLLISION 1ST: 05 - OTHER MOTOR VEHICLE

I. VEHICULAR FACTORS 99 - NONE DETECTED J. ENVIRONMENTAL FACTORS 99 - NONE DETECTED

K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE

INVOLVED PERSONS: NAME ADDRESS, CITY, STATE AND ZIP

DOB/DOB	14	15	16	17	18	19	20	21	22	23
LOUISA, KY FEMALE DOB: 08.01.01	NO	01	05			01	01	01	01	01

VEH YEAR 2006 MAKE TOYOTA MODEL COROLLA TYPE 4D STATE KY REGISTRATION NUMBER YEAR 2015

VEHICLE ID NUMBER Z17BY32E660 VEHICLE INSURED YES NAME OF INSURANCE CO. GEICO INSURANCE POLICY # COLOR OF VEH GRN

1ST AREA OF CONTACT 01 - FRONT VEHICLE 1ST AREA CONTACT - COMBINATION VEHICLE EXTENT OF DAMAGE SEVERE AIR BAG SWITCH ON TRAVEL DIRECTION NORTH

ESTIMATED TRAVEL SPEED MOST HARMFUL EVENT

COMMERCIAL VEH. NO LARGE TRUCK OR BUS NO PLACARD PRESENT HAZ. CARGO HAZ. SPILL HAZ. MAT. # TYPE CARGO/COMMODITY HAZ SAFETY REPORT #

VEH CLASS CARRIER TYPE

SINGLE/COMBINATION/BOBTAIL NO. AXLES NO. TRAILERS US DOT # ICC MC # CRASH AVOIDANCE (Fatal Only)

VEHICLE CONFIGURATION CARGO BODY TYPE BUS USE

GVWR TOTAL MOTOR CARRIER NAME CARRIER NAME SOURCE

MOTOR CARRIER ADDRESS

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER NO METHOD OF DETERMINATION 02 - OBSERVATION

TAKEN BY

TEST OFFERED NO CHEMICAL TEST TESTED FOR SENT TO RESULTS PAGE

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KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

DRAFT

MASTER FILE #

INVESTIGATING AGENCY PAINTSVILLE POLICE DEPARTMENT AGENCY ORI NUMBER LOCAL CODE

UNIT # TOWED? 3 NO TOWED DUE TO DISABLED? NO # OCCUPANTS 1 PEDESTRIAN FACTORS

OPERATOR'S LIC. NO. STATE KY LIC. CLASS D ENDORSEMENT OPERATORS LICENSE RESTRICTIONS

COL NO CO. RESIDENT YES OWNER YES COMPLIANT YES

OPERATOR NAME (L.N. F.N. M.I.) DATE OF BIRTH ADDRESS PAINTSVILLE, KY

A. PRE-COLLISION VEHICLE ACTION 16 - STOPPED IN TRAFFIC B. UNIT TYPE 06-LT TRUCK(VAN/SPORTS UTILITY/PICKUP) C. FIRE NO D. OVERTURNED NO E. HUMAN FACTORS 99 - NONE DETECTED

F-H. EVENT COLLISION 1ST: 05 - OTHER MOTOR VEHICLE

I. VEHICULAR FACTORS 99 - NONE DETECTED J. ENVIRONMENTAL FACTORS 99 - NONE DETECTED

K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE

Table with columns for INJURED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP, DOB/DOD, and age grid (14-23).

VEH YEAR 2011 MAKE LINCOLN MODEL MKX TYPE LL STATE KY REGISTRATION NUMBER YEAR 2014

VEHICLE ID NUMBER ZLN0JJK488 VEHICLE INSURED YES NAME OF INSURANCE CO. KENTUCKY FARM BUREAU INSURANCE POLICY # COLOR OF VEH BLK

1ST AREA OF CONTACT 05 - REAR 1ST AREA CONTACT - COMBINATION VEHICLE EXTENT OF DAMAGE MINOR AIR BAG SWITCH ON TRAVEL DIRECTION NORTH

ESTIMATED TRAVEL SPEED MOST HARMFUL EVENT COMMERCIAL VEH. NO LARGE TRUCK OR BUS NO PLACARD PRESENT HAZ. CARGO HAZ. SPILL HAZ. MAT. # TYPE CARGO/COMMODITY NAS SAFETY REPORT #

HM CLASS SINGLE/COMBINATION/BOBTAL NO. AXLES NO. TRAILERS US DOT # CARRIER TYPE ICC MC # CRASH AVOIDANCE (Fetal Only)

VEHICLE CONFIGURATION CARGO BODY TYPE BUS USE GVWR TOTAL MOTOR CARRIER NAME CARRIER NAME SOURCE

MOTOR CARRIER ADDRESS

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER NO METHOD OF DETERMINATION 02 - OBSERVATION

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KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE

KSP 74 Revised 12/04

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INVESTIGATING AGENCY

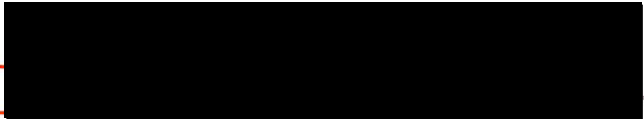
PAINTSVILLE POLICE DEPARTMENT

AGENCY ORI NUMBER

LOCAL CODE

DRIVER OF UNIT 1 STATED SHE JUST WAS NOT PAYING ATTENTION AND BUMPED INTO THE BACK OF UNIT 2 CAUSING MINIMAL DAMAGE TO THE REAR OF UNIT 2, BUT PUSHED UNIT 2 INTO THE REAR OF UNIT 3. UNIT 2 STATED SHE WAS DRIVING THROUGH PAINTSVILLE ON ROUTE 321 WHEN ALL OF A SUDDEN WAS A LOUD NOISE AND HER BODY WENT FORWARD AS HER CAR WAS HIT FROM REAR AND PUSHED HER CAR INTO ANOTHER CAR.

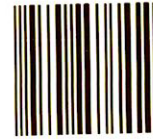
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Louisay, Ky



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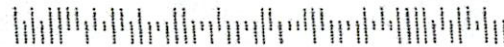
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