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 |
|---|---|
| 08-JAN-2016<br>FEB 25 2016 | Reference No.<br>10819011 |

## OWNER INFORMATION (Type or Print)

| Name | | | |
|---|---|---|---|
| Address | | Daytime Telephone Number | E-mail Address |
| City: JEMISON | State: AL | Zip Cod | Evening Telephone Number |

*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 |
|---|---|---|---|
| KNDJP3A54E | KIA | SOUL | 2014 |

| Date Purchased | Dealer's Name and Telephone Number | | Engine: | Fuel Type: |
|---|---|---|---|---|
| 8/25/15 | Susan Schein | (205) 664-1491 | No: Cylinders 4 | |
| Original Owner ☐ | Dealer's City: Delham | State: AL | Zip Code | |

| Transmission Type | | Powertrain | Multiple Failure: | Incident Date(s) |
|---|---|---|---|---|
| | ☑ Antilock Brakes<br>☑ Cruise Control | | | 04-JAN-2016 |

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

| Vehicle Component Code: 010000 STEERING | Failure Mileage | Failure Speed |
|---|---|---|
| | 35000 | 25<br>Report 45 |

## 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<br>☐ 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 | | 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 2014 KIA SOUL. THE CONTACT STATED THAT WHILE DRIVING AT APPROXIMATELY 25 MPH, THERE WAS A COMPLETE LOSS OF STEERING CONTROL CAUSING THE VEHICLE TO VEER OFF THE ROAD. AS A RESULT, THE CONTACT CRASHED THE PASSENGER'S SIDE OF THE VEHICLE INTO A TREE. THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS FILED. THE DRIVER SUSTAINED SEVERE NECK, CHEST, AND RIGHT ARM INJURIES THAT REQUIRED MEDICAL ATTENTION. THE VEHICLE WAS TOWED TO THE SALVAGE FACILITY. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 35,000.

I called KIA in Hoover!
They were the one I was reserved Too. for recall on steering

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

Hope this is helpful!

[redacted]

I never had a car.

I couldn't control!

AST-27
REV. 06/08

Check if Amendment ☐
Check if Error Correction ☐

# ALABAMA UNIFORM TRAFFIC CRASH REPORT

DPS Case No. [redacted]

| # Vehicles | # Pedestrians | # Injured | # Fatalities | # Unit 1 Type | Unit 2 Type |
|---|---|---|---|---|---|
| [redacted] | [redacted] | 1 | 0 | 1 | 97 |

Local Case No.

Sheet 1

## LOCATION AND TIME

| Date: Month | Day | Year | Time | Day of Week | County | City | Rural | Local Zone |
|---|---|---|---|---|---|---|---|---|
| 01 | 04 | 2016 | 10:40 AM | Mon | Chilton | Rural Chilton | ✓ | N/A |

| Hwy Class. | On Street, Road, Highway | At Intersection of or Between (Node 1) | And (Node 2) |
|---|---|---|---|
| 4 | COUNTY ROAD 33 | COUNTY ROAD 771 | AL-155 |

| | (On) Street/ Road/Hiway <--- Code | | 1 2 <--- ---> Node Code | | |
|---|---|---|---|---|---|
| 1506 | | 8496 | | 8013 | From Node 1: 380.00 Feet |

| Mile Post | Control Access Hwy Loc | Primary Contrib Circums | Primary Contributing Unit # | First Harmful Event | First Harmful Event Location | Most Harmful Event |
|---|---|---|---|---|---|---|
| N/A | 97 | 20 | 1 | 51 | 4 | 44 |

| Distance to Fixed Object | Roadway Junction/ Feature | Manner of Crash | Lat Coordinate | Long Coordinate | Coordinate Type | Hwy Side |
|---|---|---|---|---|---|---|
| 15 feet | 1 | 2 | 33° 1' 14.762" N | 86° 47' 28.696" W | 2 | 1 |

| School Bus Related | Crash Severity | Distracted Driving |
|---|---|---|
| 1 | B | 97 |

## DRIVER

UNIT NO: 1 | LEFT SCENE: ☐ | COM VEH: ☐ | VEHICLE or NON-MOTORIST: ☑ VEHICLE ☐ NON-MOTORIST

| Driver Full Name | Street Address | City and State | ZIP | Telephone |
|---|---|---|---|---|
| [redacted] | [redacted] | JEMISON AL | [redacted] | [redacted] |

| DOB: Month | Day | Year | Race | Sex | DL State | Driver License No. | DL Class | DL Status | Restrict Violations | CDL Status | Endorse Violations |
|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | 1 | 2 | AL | [redacted] | [redacted] | C | 97 | 97 | 97 |

| Place of Employment | Residence Less Than 25 Miles |
|---|---|
| Unemployed | Yes |

| Liability Insurance Co. | Liability Policy No | Insurance NAIC Number |
|---|---|---|
| SAFEWAY INSURANCE | [redacted] | |

| Driver Condition | Sobriety/ Officer Opinion: Alcohol: No, Drugs: No | Type Alcohol Test Given | Alcohol Test Results | Type Drug Test Given | Drug Test Results | Maneuver |
|---|---|---|---|---|---|---|
| 1 | | 6 | N/A | 4 | 97 | 1 |

| Most Harmful Event for MV | Travel Road Name | Road Code | Travel Direction | Unit Contributing Circumstance | Total Injuries In Unit |
|---|---|---|---|---|---|
| 44 | COUNTY ROAD 33 | 1506 | 3 | 97 | 1 |

| Sequence of Events | Event 1 | Event 2 | Event 3 | Event 4 | First Harmful Event Location |
|---|---|---|---|---|---|
| | 1 | 51 | 44 | 97 | 4 |

## VEHICLE

| Veh Year | Make | Veh Model | Body | V.I.N. |
|---|---|---|---|---|
| 2014 | KIA | SOUL | 4 | KNDJP3A54E7[redacted] |

| Owner's Name | License Tag Number | State | Year |
|---|---|---|---|
| Same | [redacted] | AL | 2016 |

| Street or R.F.D. | City | State | Zip |
|---|---|---|---|
| Same | | | |

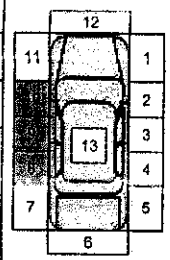
| Type | Usage | Emergency Status | Placard Status | Placard Required | Hazardous Cargo | Hazardous Cargo Released? |
|---|---|---|---|---|---|---|
| 1 | 1 | 97 | 3 | 97 | 97 | 97 |

| Attachment | Oversized Load (Req. Permit) | If Yes, Did Owner Have Permit? | Contrib Defect | Speed Limit | Est Speed | Citation Offense(s) Charged |
|---|---|---|---|---|---|---|
| 1 | N/A | N/A | 1 | 45 MPH | 45 MPH | None |

| Damage Severity | Towed? | Vehicle Towed By Whom: |
|---|---|---|
| 4 | 1 | T&K WRECKER (ROT) |

Towed To Where: T&K WRECKER (LOCAL)

Areas Damaged Are Shaded




Point of Initial Impact: 9

## Seating Position Codes

| 2, 4, or 6 Passenger | | | 9 Passenger (add): | | | 12 Passenger (add): | | | Bicycle, Motorcycle, ATV |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 7 | 8 | 9 | 17 | 18 | 19 | 10 |
| 4 | 5 | 6 | | | | | | | 11 |

12 - Pedestrian
13 - Rider of Domestic Animal
14 - Occ. of Non-Motorized Vehicle
15 - Passenger of Bus
16 - Not in Passenger Compartment
97 - Not Applicable
98 - Other (Explain)
99 - Unknown

## VICTIMS

N/A ☐

| Name | Unit No | Seat Pos | Occ. Type | Safety Equip. | Air-bag | Injury Type | Age | Sex | Ejec-tion | First Aid By |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | 1 | 1 | 1 | 2 | 2 | 3 | 9 | 2 | 1 | 1 |

Address: [redacted] JEMISON AL [redacted]

Taken To: SHELBY BAPTIST

Taken By: RPS

Medical Facility: EMS ground

Birth Date: [redacted]

**BILL OF SALE**

DEAL # [redacted]

# Susan Schein
**AUTOMOTIVE, Inc.**
3171 Pelham Parkway
P.O. Box 215 Telephone (205) 664-1491
**PELHAM, ALABAMA 35124**

**No** [redacted]

PH # [redacted]
WK #:

**SOLD TO:** [redacted]
**ADDRESS** [redacted]

DATE 08/25/2015

SALESMAN: HOUSE DEAL

| MAKE | MODEL | NEW OR USED | M.V.I. / SERIAL NO. | TAG NO. | KEY NO. |
|---|---|---|---|---|---|
| 2014 KIA | SOUL 5DR WGN | USED | KNDJP3A54E7[redacted] | | |

STOCK [redacted]

| | |
|---|---|
| PRICE OF CAR | 18083.00 |
| OPTIONAL EQUIP. & ACCESS. | N/A |
| DOC FEE | 399.00 |
| SALES TAX | 623.77 |
| LICENSE AND TITLE | 16.50 |
| **TOTAL CASH PRICE** | 19122.27 |
| **TOTAL PRICE** | 19122.27 |
| DEPOSIT/CASH DOWN | - 1000.00 |
| | N/A |
| CASH ON DELIVERY | |
| TRADE-IN N/A | |
| LESS LIEN N/A | N/A |
| TYPE | |
| M.V.I. SER. NO. | |
| PAYMENTS: MAX CREDIT UNION 720 338.84 | |
| **TOTAL** | 18122.27 |

| | |
|---|---|
| COUNTY TAX | 69.31 |
| CITY TAX | 184.82 |
| STATE TAX | 369.64 |

Purchaser X [redacted]

Purchaser X _____ Representative of Seller X Jackson

Penalty of $15.00 if tag not transferred in 20 Days.

It is agreed that title does not pass to Purchaser until funds represented by check(s) have been received.

I certify this to be a true and correct copy of invoice.

AMY PRATT

Sworn to and subscribed before me this 25 day of AUGUST 20 15

Notary Public _____

The seller, SUSAN SCHEIN AUTOMOTIVE, Inc., hereby expressly disclaims all warranties, either expressed or implied including any implied warranty of merchantability or fitness for a particular purpose, and SUSAN SCHEIN AUTOMOTIVE, Inc. neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the vehicle.

**SAFEWAY INSURANCE COMPANY**
**of ALABAMA**

4200 Colonnade Parkway * Birmingham, Alabama 35243
(205) 948-1022 * (800) 344-1947
(800) 488-2270 Fax

January 07, 2016

[redacted]
Jemison, AL [redacted]

Re: Insured: [redacted]
Claim #: [redacted]
Date of Loss: 1/4/2015

Dear [redacted]

I am writing in reference to the above captioned claim. Please contact me as soon as possible so that we may discuss the details of your accident and set up a time for our appraiser to inspect your vehicle. I may be reached at 1-800-344-1947 ext 3244.

It is your responsibility to mitigate your damages. If your vehicle is located at a facility where it is accruing storage charges, it is your responsibility to move the vehicle to a storage-free facility pending the outcome of this claim.

I look forward to hearing from you.

Sincerely,

Gaye Jacobs

Gaye Jacobs
Claims Adjuster
1-800-344-1947 ext. 3244

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof." Alabama Code Section 27-12A-20.