



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

FOR AGENCY USE ONLY 100148

Date Received

09-JUN-2016

JUL 12 2016

Repository ☐

Reference No.

10873398

OWNER INFORMATION (Type or Print)

Name

Address

City

CENTEREACH

State NY

Zip Code

Daytime Telephone Number

E-mail Address

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

KNDJP3A57F7

Make

KIA

Model

SOUL

Model Year

2015

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

Powertrain

Multiple Failure:

Incident Date(s)

15-MAY-2016

☐ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage

4709

Failure Speed

50

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)

☐ 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

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 2015 KIA SOUL. WHILE DRIVING 50 MPH, THE CONTACT LOST CONTROL OF THE VEHICLE AND CRASHED INTO ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT SUSTAINED THREE BROKEN RIBS, A PUNCTURED LUNG, FACE INJURIES, AND A CONCUSSION THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED AND TOWED TO AN INSURANCE LOT. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 4,709.

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 to 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.

Untitled

To Whom it may concern I am sending all the information requested on the 2015 soul. I am the owner of the cars nephew, [REDACTED]. My Aunt [REDACTED] is the owner and was the operator of the vehicle during tha accident on 5/15/2016. I have enclosed all the pictures Interior and Exterior and police report, of the vehicle.If you should need anything further please contact me.

Thank You

[REDACTED]
Centereach N.Y. [REDACTED]
[REDACTED]

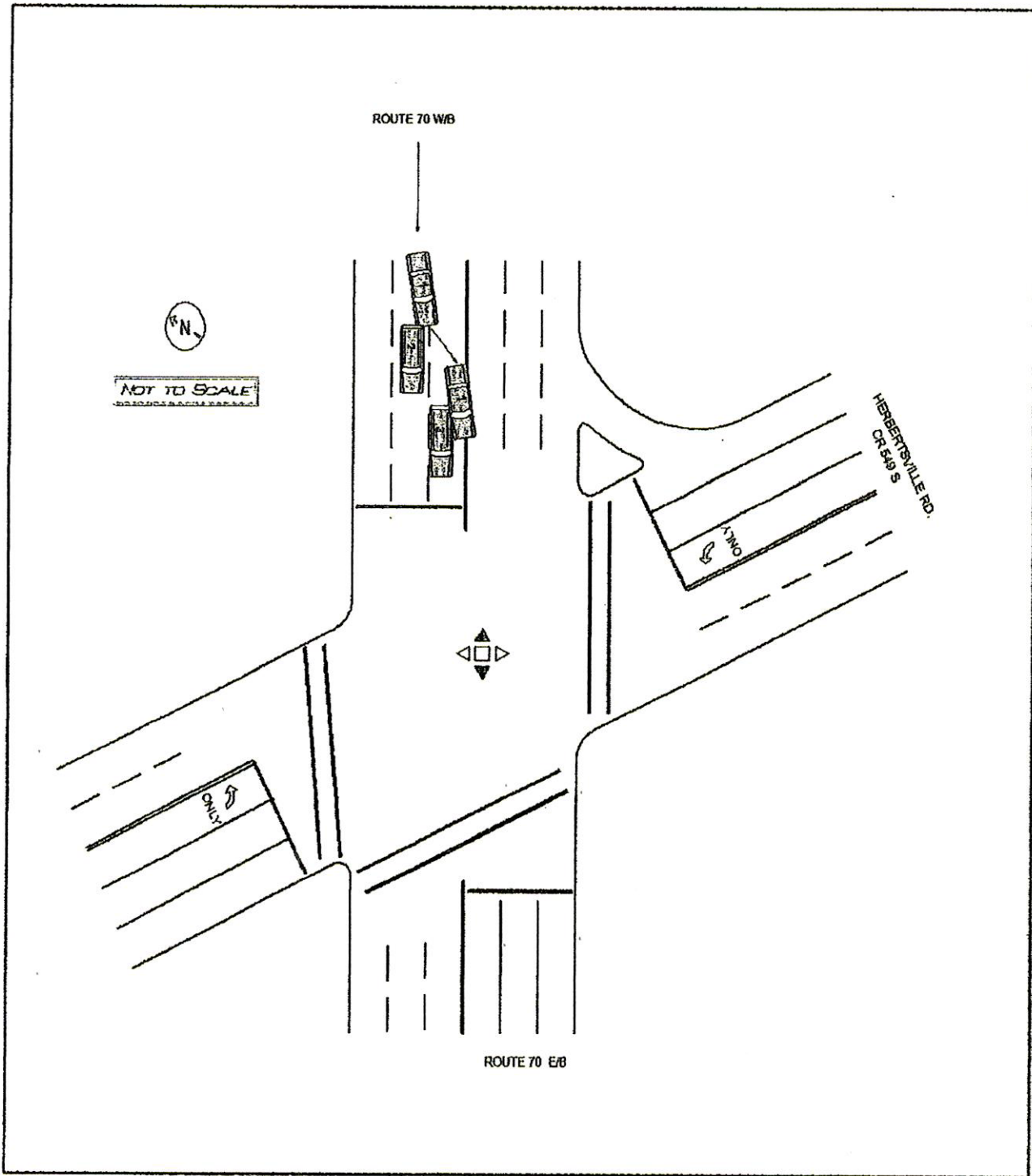
Page 1 of 1		☐ Fatal		New Jersey Police Crash Investigation Report		☒ Reportable		☐ Non-Reportable		☐ Change Report																																																																																											
1 Case Number		10 Crash Occurred On: RT 70		11 Speed Limit: 50		12 Route No.:		13 Milepost:		14a																																																																																											
2 Police Dept of Brick Township		Code 01		☐ At Intersection with		Road Name		Dir		25																																																																																											
3 Station/Precinct Brick Police		☒ Feet		☐ N ☒ E		15		16		118b																																																																																											
4 Date of Crash 05/15/16		5 Day of Week Th		6 Time (use 2400 hrs) 1021		7 Municipality Code		8 Total Killed		9 Total Injured																																																																																											
23 Veh No 24 Policy No.		25 Ins Code 945		53 Veh No		54 Policy No.		55 Ins Code		119a																																																																																											
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26 Driver's First Name		Initial		Last Name		29 Sex M		68 Driver's First Name		Initial																																																																																											
27 Number and Street		28 City WOODCLIFF LK		State NJ		Zip		57 Number and Street		58 City																																																																																											
31 State NJ		32 Drivers License No.		33 DOB mm dd yy		34 Expires mm yy		61 State		62 Drivers License No.																																																																																											
35 Owner's First Name		Initial		Last Name		65 Owner's First Name		Initial		Last Name																																																																																											
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36 Number and Street		37 City WOODCLIFF LK		State NJ		Zip		66 Number and Street		67 City																																																																																											
38 Make LAND ROVER		39 Model Range Rover		40 Color White		41 Year 2012		42 Plate No.		43 State NJ																																																																																											
44 VIN SALME1D4XCA		45 Expires 04/17		74 VIN		75 Expires																																																																																															
46 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled		47 Authority ☒ Owner ☐ Driver ☐ Police		76 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled		77 Authority ☐ Owner ☐ Driver ☐ Police																																																																																															
48 Alcohol/Drug Test Given: ☒ No ☐ Yes ☐ Refused		Type: ☐ Breath ☐ Blood ☐ Urine		Results: 0.00 % ☐ Pending		78 Alcohol/Drug Test Given: ☐ No ☐ Yes ☐ Refused		Type: ☐ Breath ☐ Blood ☐ Urine		Results: 0.00 % ☐ Pending																																																																																											
49 Hazardous Material On Board ☐ Spill ☐		Name or Placard No.		79 Hazardous Material On Board ☐ Spill ☐		Name or Placard No.																																																																																															
50 Carrier No. ☐ USDOT ☐ Other		51 Commercial Vehicle Weight ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs		52 Carrier name		80 Carrier No. ☐ USDOT ☐ Other		81 Commercial Vehicle Weight ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs		82 Carrier name																																																																																											
134 Crash Diagram (NOT TO SCALE):																																																																																																					
136 Damage To Other Property: NONE.																																																																																																					
Oper.		137 Charge ☐ Multiple Charges		138 Summons No.		Oper.		139 Charge ☐ Multiple Charges		140 Summons No.																																																																																											
141 Officer's Signature Robert Koch				142 Badge No. 170		143 Reviewed By		Badge No.		144 Case Status ☐ Pending ☐ Complete																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td>92</td><td>93</td><td>94</td><td>95</td><td colspan="2">Names & Addresses of Occupants: If Deceased, Date & Time of Death</td> </tr> <tr><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td></tr> <tr><td>B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td></tr> <tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td></tr> <tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td></tr> </table>												83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants: If Deceased, Date & Time of Death		A															B															C															D															E														
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New Jersey Police Crash Investigation Report

Motor Vehicle Crash Diagram

Police Dept: _____ Code: **01-Municipal Police**

Station: **Brick Police** Case No: [REDACTED]



New Jersey Police Crash Investigation Report

Police Dept: _____ Code: **01-Municipal Police**

Motor Vehicle Crash Description

Station: **Brick Police**

Case No: _____

(Refer to vehicle by number)

	Veh Occ	Pos In/Ou	Eject	Phys Cond	Age	Sex	Loc Inj	Type Inj	Ref Med	Equip Avail	Equip Used	Bag Depl	Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	83	84	85	86	87	88	89	90	91	92	93	94	95	
L	3	01	01	04		M	06	08	--	09	04	--	--	WOODCLIFF LK, NJ
I														
N														
V														
O														
L														
V														
E														

135 Crash Description

Vehicle 01 was traveling west on Rt 70 in the center lane when struck stopped Vehicle 02 in the rear. Vehicle 01 continued changing lanes to the left lane striking Vehicle 03 and continued to the left stopping against the barrier median.

Driver of vehicle 01 stated she was traveling west on RT 70 in the center lane and had observed Vehicle 02 in front of her stopped for the red traffic signal for [REDACTED]. Driver of Vehicle 01 states she is not sure what had happened but remembers striking Vehicle 02 in the rear, but was not sure of Vehicle 03 or the median.

Driver of Vehicle 02 stated he was stopped in the center lane on Rt 70 [REDACTED] for a red traffic signal when he was struck in the rear by Vehicle 01. Driver of Vehicle 02 stated Vehicle 01 then continued into the left lane west and struck Vehicle 03 in the rear, and again continued striking the center median.

Driver of Vehicle 03 stated he was stopped in the left lane on Rt 70 [REDACTED] for a red traffic signal when he was struck in the rear by Vehicle 01 and then observed Vehicle 01 continue to striking the center median.

Witness [REDACTED] stated he observed prior to the crash Vehicle 01 driving erratic braking and accelerating when Vehicle 01 attempted a quick lane change from left to right it struck Vehicle 02, then Vehicle 03, and then came to a stop.

Witness Statement Form filled out at scene.

Driver of Vehicle 01 was transported to Brick Hospital by Brick Police EMS and was issued the following summonses: [REDACTED]

TO: JULIANN MOHR
FROM: [REDACTED]
CLAIM # [REDACTED]

800-216-6520

Page 1 of 3		New Jersey Police Crash Investigation Report		☒ Reportable ☐ Non-Reportable ☐ Change Report	
96	01	1 Case Number		11 Speed Limit	
97	01	2 Police Dept of		12 Route No.	
98	01	3 Station/ precinct		13 Milepost	
99	02	4 Date of Crash		14 Time	
100	01	5 Day of Week		15 Municipality	
101	01	6 Time (use 2400 hrs)		7 Total Killed	
102	01	7 Municipality Code		8 Total Injured	
103	01	8 Total Killed		9 Total Injured	
104	03	9 Total Injured		10 Crash Occurred On	
105	01	10 Crash Occurred On		11 Speed Limit	
106	01	11 Speed Limit		12 Route No.	
107	01	12 Route No.		13 Milepost	
108	01	13 Milepost		14 Time	
109	01	14 Time		15 Municipality	
110	01	15 Municipality		16 Total Killed	
111	01	16 Total Killed		17 Total Injured	
112	01	17 Total Injured		18 Cross Road Name	
113	01	18 Cross Road Name		19 NB	
114	01	19 NB		20 SB	
115	01	20 SB		21 WB	
116	01	21 WB		22 Longitude	
117	01	22 Longitude		23 Vehicle No	
118	01	23 Vehicle No		24 Policy No	
119	01	24 Policy No		25 Ins Code	
120	01	25 Ins Code		26 Driver's First Name	
121	01	26 Driver's First Name		27 Initial	
122	01	27 Initial		28 Last Name	
123	01	28 Last Name		29 Sex	
124	01	29 Sex		30 Eyes	
125	01	30 Eyes		31 Number and Street	
126	01	31 Number and Street		32 City	
127	01	32 City		33 State	
128	01	33 State		34 Zip	
129	01	34 Zip		35 Owner's First Name	
130	01	35 Owner's First Name		36 Initial	
131	01	36 Initial		37 Last Name	
132	01	37 Last Name		38 Same As Driver	
133	01	38 Same As Driver		39 Number and Street	
134	01	39 Number and Street		40 City	
135	01	40 City		41 State	
136	01	41 State		42 Zip	
137	01	42 Zip		43 Make	
138	01	43 Make		44 Model	
139	01	44 Model		45 Color	
140	01	45 Color		46 Year	
141	01	46 Year		47 Plate No.	
142	01	47 Plate No.		48 State	
143	01	48 State		49 VIN	
144	01	49 VIN		50 Expires	
145	01	50 Expires		51 Vehicle Removed To	
146	01	51 Vehicle Removed To		52 Driven	
147	01	52 Driven		53 Left at Scene	
148	01	53 Left at Scene		54 Towed	
149	01	54 Towed		55 Impounded	
150	01	55 Impounded		56 Disabled	
151	01	56 Disabled		57 Authority	
152	01	57 Authority		58 Owner	
153	01	58 Owner		59 Driver	
154	01	59 Driver		60 Police	
155	01	60 Police		61 Alcohol/Drug Test	
156	01	61 Alcohol/Drug Test		62 Given	
157	01	62 Given		63 No	
158	01	63 No		64 Yes	
159	01	64 Yes		65 Refused	
160	01	65 Refused		66 Type	
161	01	66 Type		67 Breath	
162	01	67 Breath		68 Blood	
163	01	68 Blood		69 Urine	
164	01	69 Urine		70 Results	
165	01	70 Results		71 0	
166	01	71 0		72 %	
167	01	72 %		73 Pending	
168	01	73 Pending		74 Hazardous Material	
169	01	74 Hazardous Material		75 On Board	
170	01	75 On Board		76 Spill	
171	01	76 Spill		77 Name or Placard No.	
172	01	77 Name or Placard No.		78 Carrier No.	
173	01	78 Carrier No.		79 USDOT	
174	01	79 USDOT		80 Other	
175	01	80 Other		81 Commercial Vehicle Weight	
176	01	81 Commercial Vehicle Weight		82 ≤ 10,000 lbs	
177	01	82 ≤ 10,000 lbs		83 10,001 - 28,000 lbs	
178	01	83 10,001 - 28,000 lbs		84 ≥ 28,001 lbs	
179	01	84 ≥ 28,001 lbs		85 Carrier name	
180	01	85 Carrier name		86 Damage To Other Property	
181	01	86 Damage To Other Property		87 NONE	
182	01	87 NONE		88 Oper	
183	01	88 Oper		89 Charge	
184	01	89 Charge		90 Multiple Charges	
185	01	90 Multiple Charges		91 Summons No.	
186	01	91 Summons No.		92 Oper	
187	01	92 Oper		93 Charge	
188	01	93 Charge		94 Multiple Charges	
189	01	94 Multiple Charges		95 Summons No.	
190	01	95 Summons No.		96 Officer's Signature	
191	01	96 Officer's Signature		97 Robert	
192	01	97 Robert		98 Koch	
193	01	98 Koch		99 Badge No.	
194	01	99 Badge No.		100 Reviewed By	
195	01	100 Reviewed By		101 Badge No.	
196	01	101 Badge No.		102 Case Status	
197	01	102 Case Status		103 Pending	
198	01	103 Pending		104 Complete	
199	01	104 Complete		105 Names & Addresses of Occupants	
200	01	105 Names & Addresses of Occupants		106 If Deceased, Date & Time of Death	
201	01	106 If Deceased, Date & Time of Death		107	
202	01	107		108	
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204	01	109		110	
205	01	110		111	
206	01	111		112	
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