



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

FOR AGENCY USE ONLY (Do Not Write)
5 U.S.C. 552(B)(6)

Date Received	Repository <input type="checkbox"/>
11-AUG-2016	Reference No. 10895163
SEP 21 2016	

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
FORT WORTH	TX	[REDACTED]	

Daytime Telephone Number	E-mail Address
[REDACTED]	
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
KNAGD128245 [REDACTED]	KIA	OPTIMA	2004
Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
March 2014	Lonestar Motors II (817) 457-5456	No: Cylinders	
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
	Fort Worth	TX	76112
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 08-SEP-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 010000 STEERING, 030000 BRAKES (PWS)	Failure Mileage	Failure Speed

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	Number of Deaths	Reported to Police
		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 2004 KIA OPTIMA. WHILE DRIVING AT AN UNKNOWN SPEED, AN ABNORMAL CLICKING NOISE EMITTED FROM THE VEHICLE. THE POWER STEERING FAILED AND THE WHEELS SHOOK VIOLENTLY. THE BRAKES FAILED TO STOP THE VEHICLE AND IT CRASHED INTO A WALL. THE AIR BAGS DEPLOYED AND AN UNKNOWN SUBSTANCE EMITTED INTO THE CONTACT'S EYES. THE CONTACT SUSTAINED BURNS TO THE BODY AND LACERATIONS TO BOTH EYES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED AND DEEMED DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VIN AND FAILURE MILEAGE WERE UNKNOWN.

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.

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

I took my vehicle to the Dealership before the crash happen. They told me that there was nothing wrong with my car. But the lights were still on meaning check engine, brake lights, and the fuse box was mess up. And they said there was nothing they could do about that it was my car.



9-7-2016

ATTACH ADDITIONAL SHEETS IF NECESSARY

TEXAS
DALLAS 750
09 SEP '16
PM 10 L



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

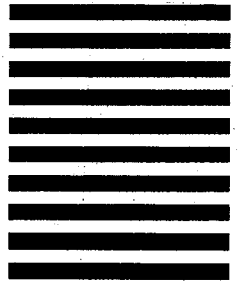
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**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 Owners' Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

*Crash Date (MM/DD/YYYY) 09/07/2015 *Crash Time (24HRMM) 2225 Case ID [Redacted] Local Use

*County Name TARRANT *City Name FORT WORTH Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) 32.72673 Longitude (decimal degrees) -097.29597

ROAD ON WHICH CRASH OCCURRED *1 Rdwy. Sys. LR *Hwy. Num. 2 Rdwy. Part 1 Block Num. 2200 3 Street Prefix E *Street Name MADDOX 4 Street Suffix AVE

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER At Int. No 1 Rdwy. Sys. US Hwy. Num. 287 2 Rdwy. Part 2 Block Num. 3 Street Prefix Street Name 4 Street Suffix

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. [Redacted] VIN K N A G D 1 2 8 2 4 5 [Redacted]

Veh. Year 2004 6 Veh. Color MAR Veh. Make KIA Veh. Model OPTIMA 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 4 DL/ID State TX DL/ID Num. [Redacted] 9 DL Class 5 10 CDL End. 5 11 DL Rest. 5 DOB (MM/DD/YYYY) [Redacted]

Address (Street, City, State, ZIP) [Redacted] FORT WORTH TX [Redacted]

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, [Redacted], [Redacted], B, [Redacted], B, 2, 1, 2, 2, 2, 97, N, 96, [Redacted], 96, 97, 97

Owner Lessee Owner/Lessee Name & Address [Redacted] FORT WORTH TX [Redacted]

Proof of Fin. Resp. Yes Expired No Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name OLD AMERICAN COUNTY MUTUAL FIRE Fin. Resp. Num. [Redacted]

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - FD-3 27 Vehicle Damage Rating 2 - Vehicle Inventoried Yes No

Towed By BIVINS WRECKER Towed To 2601 BRENNAN FWPD IMPOUND

Unit Num. 5 Unit Desc. Parked Vehicle Hit and Run LP State LP Num. VIN

Veh. Year 6 Veh. Color Veh. Make Veh. Model 7 Body Style Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: [Redacted]

Owner Lessee Owner/Lessee Name & Address

Proof of Fin. Resp. Yes Expired No Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle Inventoried Yes No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	1	1	JPS HOSPITAL	MEDSTAR		

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
A-1 FAST TILE AND COMPANY	[REDACTED]	FORT WORTH TX [REDACTED]

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name				Carrier's Primary Addr.			30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGVV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGVV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGVV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit Num.	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	1	22							1	3	98	1	3	1	96

NARRATIVE AND DIAGRAM

UNIT1 WAS DRIVING EAST BOUND AT [REDACTED] UNIT1 LOST CONTROL OF HER VEHILCE AND DAMAGED THE PROPERTY AT [REDACTED]

Time Notified (24HRMM)	2 2 2 8	How Notified	DISPATCHED	Time Arrived (24HR:MM)	2 2 3 2	Report Date (MM/DD/YYYY)	0 9 / 0 7 / 2 0 1 5
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	REYES E	ID Num.	3717	Service/Region/DA	C E N T R L
ORI Num.	T X 2 2 0 1 2 0 0	*Agency	FORT WORTH POLICE DEPARTMENT				

Incident Report
FORT WORTH POLICE DEPARTMENT



350 W. Belknap Street
 Fort Worth, Texas 76102
 Fax 817-392-4175
 817-392-4160

Reported Date
2/9/2016
 Nature of Call
Info only-IDtheft-FW citizen-nonfw offense
 Officer
BROTHERTON,R #2657

3/1/2016 2:58:58 PM

ADMINISTRATIVE INFORMATION						
Agency		Case No		Reported Date	Reported Time	
FORT WORTH POLICE DEPARTMENT		[REDACTED]		2/9/2016	11:50	
Status			Nature of Call			
Report taken			Info only-IDtheft-FW citizen-nonfw offense			
Offense Location			City	Zip Code	Rep Dist	
[REDACTED]			FW	[REDACTED]	E290	
Area	Beat	Dates of Occurrence		Time of Day		
C	C04	11/19/2015		09:00		
Reporting Officer				Assignment		
BROTHERTON,R #2657				DRU 1st Shift		

VICTIM SUMMARY						
[REDACTED]						
Involvement	City	State	Zip Code	Race	Sex	Age
VIC	FW	TX	[REDACTED]	B	F	[REDACTED]

SUMMARY NARRATIVE

Victim 1 said that she had her TX ID and her social security card taken in a burglary, and now, unknown actor(s) have been using her ID and social security card at Direct Energy to create an account and charging up electric bills, as well as Assurance cellphones, with 2 phonesaccounts outstanding in Victim 1's name.