INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

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 ☐
12-DEC-2016 JAN 24 2017	Reference No. 10934818

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: NORTH LITTLE ROCK	State: AR	Zip Code: [redacted]	Evening Telephone Number: Same

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
1B4HR28Z51F[redacted]	DODGE	DURANGO	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner ☑ Sharon Smith	Dealer's City: Benton Landers Chry	State: Ark Zip Code: 72019	

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s): 23-FEB-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 150000 SEAT BELTS, 140000 AIR BAGS	Failure Mileage	Failure Speed: 20-30 MPH

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 2001 DODGE DURANGO. WHILE DRIVING 5 MPH, THE CONTACT'S VEHICLE WAS STRUCK ON THE FRONT DRIVER SIDE BY THE DOOR AND QUARTER PANEL BY ANOTHER VEHICLE. ALL THE AIR BAGS FAILED TO DEPLOY AND THE DRIVER'S SEAT BELT FAILED TO ENGAGE. THERE WERE NO WARNING INDICATORS ILLUMINATED. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED INJURIES TO THE NOSE, HEAD, LIPS, LEFT AND RIGHT LEGS, AND BOTH ARMS. MEDICAL ATTENTION WAS RECEIVED. THE VEHICLE WAS TOWED AND DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. THE VIN AND FAILURE MILEAGE WERE UNKNOWN.

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

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

Feb 23, 2015; I was driving through and intersection, to I had the right of way. A Last mown truck hit my driver side. The force of the impact caused my Durango to go through intersection and hit a house at a significant force. My seatbelt didn't restrain me causing my head and chest to hit steering wheel. My knees were pushed under the dash. The airbags didn't deploy. To this I still suffer from injuries received in crash. Vehicle think would have less if safety operated properly.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

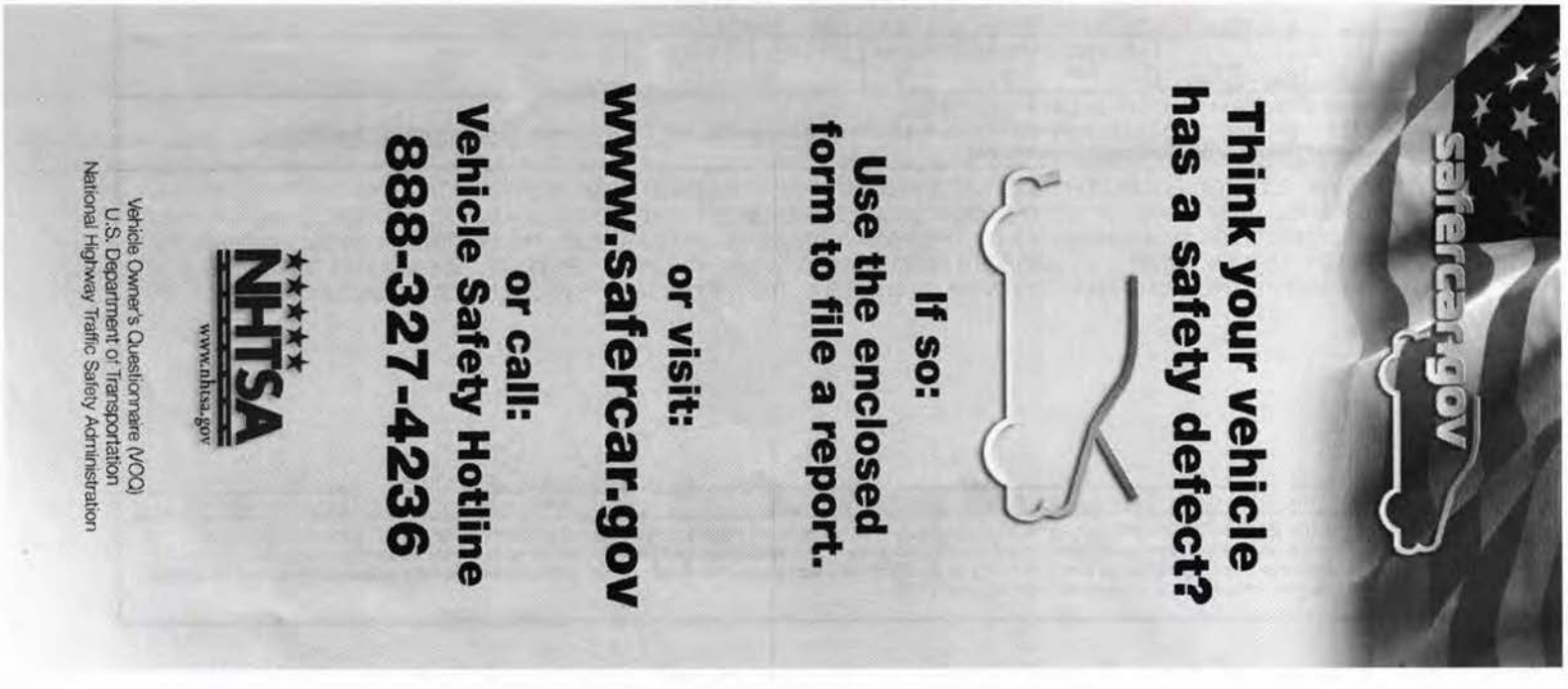
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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



RAINWATER HOLT & SEXTON, P.A.

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Little Rock
501-868-2500
Conway
501-328-2000
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479-271-2310

Also licensed in:
* Mississippi
† Missouri
‡ Tennessee
ø Wisconsin
⁂ Texas

July 28, 2015

[redacted]
North Little Rock, AR [redacted]

RE: Social Security Disability Case

Dear [redacted]:

Congratulations on winning your social security disability case! We have received notice that the Social Security Administration has issued a favorable decision on your claim.

The Social Security Administration will send out an Award Notice regarding your benefits and payment information. This letter will answer some common questions that people have after receiving a favorable Social Security decision. It generally takes **30-90 days** before you will receive this notification.

According to our records, our file expenses total **$ 109.24** for the charges to collect your medical records. Upon receipt of your award check, please remit payment to Rainwater, Holt & Sexton, P.A. as soon as possible.

If you have any questions, please don't hesitate to contact our office.

Respectfully,

John Miller, Esq.
Attorney at Law

Case Number: [redacted]

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

[redacted]

1-5-2017

I know that you did not ask for this Paper. But is telling you how Trouble my body was damaged and steve is to this day.

Yours Truly

[redacted]

P.S. Please mail back and I will send the accident ~~Report~~ Report to you and Back Please Thank you

[redacted]