


INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received 09-JUN-2017 OCT 25 2017	Repository <input type="checkbox"/> Reference No. 10994220
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	
Address [REDACTED]		E-mail Address [REDACTED]	
City PEARLAND	State TX	Zip Code [REDACTED]	
<p>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).</p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 4A3A2E55H93E [REDACTED]		Make MITSUBISHI	Model Year 2003
Date Purchased 10/3/16	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City Fredericksburg	State TX	Fuel Type:
Transmission Type <input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10/29/16 10-OCT-2016
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 140000 AIR BAGS		Failure Mileage 135000	Failure Speed 15
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0
		Reported to Police Y	
<p>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).</p>			
<p>TL* THE CONTACT OWNS A 2003 MITSUBISHI ECLIPSE SPYDER. WHILE DRIVING APPROXIMATELY 15 MPH, THE PASSENGER SIDE AIR BAG DEPLOYED WITHOUT WARNING OR IMPACT. WHEN THE AIR BAG DEPLOYED, THE VISOR ON THE VEHICLE DETACHED. THE VEHICLE'S TOP WAS DOWN AT THE TIME AND CAUSED THE PASSENGER SIDE AIR BAG TO BLOW IN THE WIND, WHICH HINDERED THE CONTACT'S VIEW OF THE ROAD. THE CONTACT ATTEMPTED TO PULL THE VEHICLE OVER BUT, DUE TO THE DISTRACTION OF THE AIR BAG BLOWING, THE CONTACT STRUCK A CULVERT, WHICH CAUSED THE VEHICLE TO STOP AND THE DRIVER SIDE AIR BAG TO DEPLOY. WHEN THE AIR BAG DEPLOYED, IT RELEASED A SMALL SPARK AND THERE WAS A BURNING ODOR. THE VEHICLE WAS TOWED TO A AAA TRANSMISSION APPROVED SHOP WHO STATED THAT THE VEHICLE NEEDED SEVERAL REPAIRS. THE CONTACT BROKE SEVERAL BONES IN HER LEFT HAND THROUGH THE FOREARM. MEDICAL ATTENTION WAS NEEDED. A POLICE REPORT WAS FILED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 135,000.</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.</p>			
<p>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.</p>			

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

I hired an attorney. I am still suffering, needs surgery 10 mos later

The air bag was blocking my wheel when I pulled over, causing me to crash. The passenger visor flew over and out driver window. The vehicle is a Eagle Transmissions in Pearland

The mechanic said the impact damaged the transmission. I have over 100,000 in medical bills and (Hospital) Memorial Hermann S.E. Houston, Tx. a shattered forearm - unhealed to mos. later. My arm still requires further surgeries.

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

N HOUSTON TX 773 06 OCT '17 PM 2 1



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

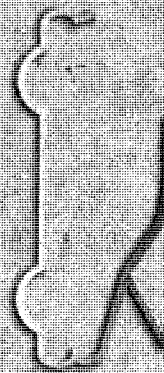
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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



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 Defect Complaint Form (VDC) U.S. Department of Transportation National Highway Traffic Safety Administration



FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units **0,0,1** Total Num. Prsns. **0,0,1** TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 11/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page **1** of **3**

*Crash Date (MM/DD/YYYY) 1,0 / 2,9 / 2,0,1,6	*Crash Time (24HRMM) 0,0,3,7	Case ID [REDACTED]	Local Use
*County Name BRAZORIA	*City Name PEARLAND	<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude (decimal degrees)	Longitude (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Num. FM	*Hwy. Num. 1128	2 Rdwy Part 1	Block Num. 2816
3 Street Prefix	*Street Name MANVEL	4 Street Suffix RD	

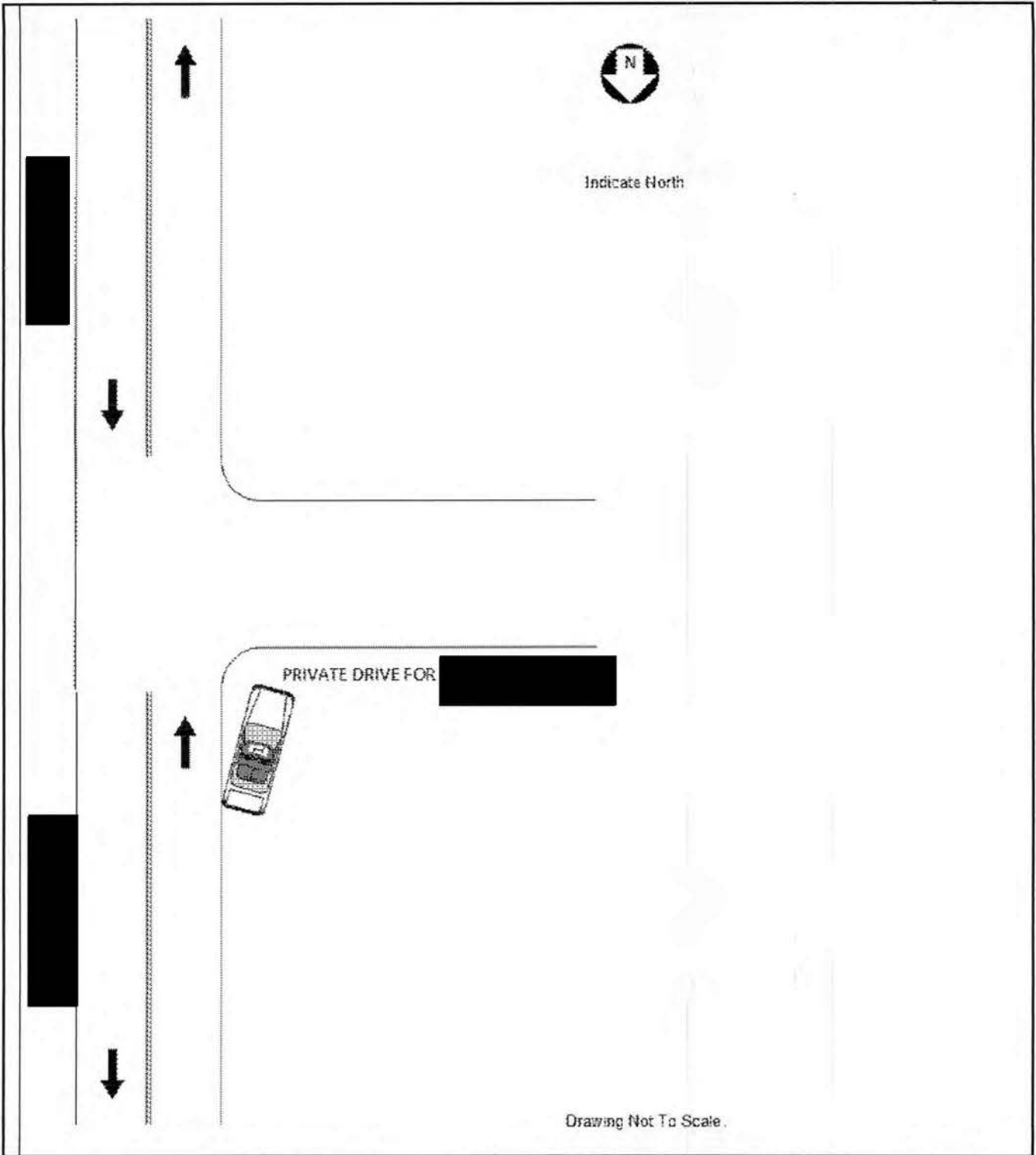
PLATE	TYPE	STATUS	OWNER	INSURANCE	DATE	TIME	LOCATION	REMARKS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

<input checked="" type="checkbox"/> Owner	Owner/Lessee Name & Address [REDACTED] PEARLAND, TX
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exempt <input type="checkbox"/> Expired <input type="checkbox"/> 26 Fin. Resp. Type 2
Fin. Resp. Name	OLD COUNTY MUTUAL FIRE INS.
Fin. Resp. Num.	[REDACTED]
Phone Num. [REDACTED]	Damage Rating 1,2 - F, D - 2
27 Vehicle Damage Rating	[REDACTED]
Vehicle Inventoried	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EXPRESS TOWING & RECOVERY 6719 McKEEVER, PEARLAND, TX 77584

PLATE	TYPE	STATUS	OWNER	INSURANCE	DATE	TIME	LOCATION	REMARKS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

<input type="checkbox"/> Owner	Owner/Lessee Name & Address
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	Exempt <input type="checkbox"/> Expired <input type="checkbox"/> 26 Fin. Resp. Type
Fin. Resp. Name	
Fin. Resp. Num.	
Phone Num.	
Damage Rating	
27 Vehicle Damage Rating	
Vehicle Inventoried	<input type="checkbox"/> Yes <input type="checkbox"/> No



Indicate North

PRIVATE DRIVE FOR [REDACTED]

Drawing Not To Scale.

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
1	1	MEMORIAL HERMANN			

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

Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num. ID Num.	32 HazMat Class Num. ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <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"/> RGWV <input type="checkbox"/> GVWR
34 Trlr. Type				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	

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	23					98		1	2	97	1	1	1	17

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)

Unit 1 was traveling southbound in the [REDACTED] of [REDACTED] when her vehicle left the roadway and drove into the west ditch, striking a culvert. More than likely the driver was attempting to turn into the business located at [REDACTED], as this was her destination. However, the driver claimed that when she hit her brakes, her airbags deployed, and then she ended up in the ditch. The driver ended up with an obvious broken left arm.

* * E N D * *

Indicate North Field Diagram - Not to Scale

Time Notified (24HRMM)	0 0 3 7	How Notified	DISPATCH	Time Arrived (24HRMM)	0 0 4 0	Report Date (MM/DD/YYYY)	1 0 / 2 9 / 2 0 1 6
Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) CARROLL, ADAM			ID Num.		247214	
ORI Num.	TX 0 2 0 1 0 0 0			*Agency		PEARLAND POLICE DEPARTMENT	
Service/Region/DA							