

CL-11006222-2601

Because of my injury
PERMANENT TRAUMATIC BRAIN INJURY
I couldn't work the
computer anymore so
I'm mailing the forms.
I called earlier and filled
a complaint.

Stockton, Mo.

Phone:

Carthage, MO

Fax:

ET

12-19-17

UD

Step 1: Complete this form.

Step 2: Click here to save the form to your computer.

Step 3: Click here to access the upload web page.

Temporary Complaint Number (TCN):

 This PDF document is secured and the content is protected

Required Information in Bold

Form Approved: OMB No. 2127-0008; Expires 05/31/2018

Vehicle Information**Vehicle Identification Number (VIN)** (See Instructions on the next page to locate the VIN.)

1	G	8	Z	G	1	5	7	3	P	Z									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

DEC 19 2017

Select/Enter Make

1993

Enter Model

Select/Enter Year

Chevy

SATURN SL2

1993

Incident Information**Approximate Incident Date**

06221993

For multiple incident dates enter the first date of occurrence.

(mm/dd/yyyy)

Was there a Crash? ☒ Yes ☐ NoWas there a Fire? ☐ Yes ☒ No**Failure Mileage**

4000 miles

For multiple incidents enter the first failure mileage.

Number of Deaths, if any

0

Number of Persons Injured, if any

1

Was medical attention required?

☒ Yes ☐ No

Speed (at time of incident) 68 mph

Description (up to 1900 characters)**WARNING:** This description, exactly as you enter it, may appear in a public NHTSA database.

Do not include any personal information (name, street/email address, phone number, social security/driver license number, Vehicle Identification Number (VIN), etc...).

AS I LEFT THE G.M. PLANT IN WENTZVILLE MO. WHERE I WAS EMPLOYED, TO GO HOME, I WAS DRIVING MY 1993 SATURN SL2 WHEN I GOT ON EXPRESSWAY, A BOX TRUCK WAS VERY CLOSE BLOWING HIS HORN AND FLASHING HIS LIGHTS. (OTHER SIDE)

If your component is not listed below, please describe the component in the above description field.

Failed Component 1**Failed Component 2****Failed Component 3**

SHORT IN POSITIVE BATTERY CABLE

ALTERNATOR SHORTED OUT

CAR STALLED OUT ON EXPRESSWAY

Personal Information

First Name

Last Name

Email

(provided earlier and locked for your security)

Daytime Phone

Evening Phone

Address 1

Address 2

City STOCKTON

State MISSOURI

Zip Code

I had no where to move to, because of truck so close to me, he had me real close to car in front of me. To the left side of me, the fast lane was full of traffic, so I couldn't move there either. I wanted to pull off on the shoulder, but because I was boxed in I couldn't do that either.

So with all the traffic around me I just stayed where I was. Just waiting for my chance to move either to shoulder or the left lane. Finally I think there was a little room in front of me and right after that, I had a chance to move over to fast lane, which I did very quickly. There was only that same car in the right lane now. So I thought if I could catch up and pass him, I could stop on ^{the} shoulder and take a little rest, then I could go and get off the next exit and finally go home. When I finally caught up to the car in right lane, I went to pass him. But as soon as I moved over to pass him, there where tail lights right in front of me, that weren't there when I went to pass that car! Now I can see the shoulder, but now that other car was real close to me, and getting closer. My car had ABS brakes so I just pushed the pedal hard to slow down and get off on the shoulder, but nothing happened and I thought that other car was going to hit me. The steering wheel wouldn't move, so with both arms I tried to move over to the right a little more. That's all I remember until I woke up in the hospital 3 weeks later. I was told I had been in a coma. I don't know how but the state police report said I was in the median and hit those thick metal cables, and then I hit those steel metal posts that hold cables in place. I guess when I hit those steel poles with my front of car I was ejected head first but the front wind shield and that the air bags didn't deploy. I suffered a permanent traumatic brain injury. I was lifted by helicopter to hospital 3 months in a coma and on life support 3 weeks and stayed in the hospital 3 months.

General Instructions

Purpose of Form

The Safety Complaint Portable Form is offered as an easy way for vehicle owners to submit vehicle-related safety complaints. Your complaint information will be entered into NHTSA-ODI's vehicle owner's complaint database and used with other complaints to determine if a safety-related defect trend exists.

How and Where to File

The Safety Complaint Portable Form can be filed electronically by uploading the completed and saved form to NHTSA by using the Upload Web page. Just three easy steps are needed to submit your complaint information. These are given at the top of this form and are explained in more detail below.

Note: JavaScript must be enabled to use this form. This setting can be made on the Reader's Edit > Preferences > JavaScript panel.

Step 1: Complete this form. The Portable Form must be completed before submitting it for entry in our system. If you need to amend a submitted form, you must contact the Hotline at the phone number below.

Step 2: Save this form. Click the link contained in Step 2 at the top of this form and choose an easily accessible location on your computer for the form file. You will need to browse to this location in the next step.

Step 3: Upload this form. To ensure that your complaint information is loaded into our system as you entered it, access our Upload Web page using one of these methods:

- Click on the link contained in Step 3 at the top of this form,
- Click on the link provided in the email you received with this form, or
- Use the link: <https://www-odi.nhtsa.dot.gov/portable/index.cfm#upload>.

Follow the instructions on the Upload page to browse on your computer to locate your saved Portable Form and to upload it to our system.

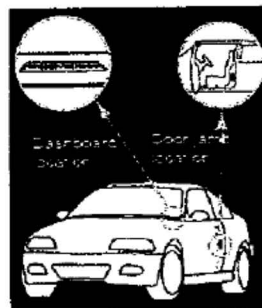
Step 4: (Optional) Check the status of your Portable Form. You can check the status of your Portable Form on the Track Form tab of the Portable Form home page. You will need to enter the email address and TCN of the form and then select the Get Status button. A status message will be shown indicating that your Portable Form has not yet been received, that it is being reviewed, or that processing has been completed. Additional information may be provided, depending on the status.

To contact NHTSA-ODI if you have any questions on filling out this form or would like to file your vehicle safety complaint by phone, please call the Hotline Monday - Friday 8am to 8pm Eastern at (888) 327-4236, TTY: (800) 424-9153.

Specific Instructions

Vehicle Information

Vehicle Identification Number (VIN): The VIN is a 17-character identifier found on the dashboard (see image) and driver's side door jamb stickers (see image) on your vehicle, on the vehicle registration and on your car insurance card. A utility to "test" your VIN is provided right next to the VIN field. After you enter the VIN, you may click on the "Test your VIN" button to test and validate the VIN. All letters in the VIN are automatically converted into uppercase letters.



Make: Some of the Vehicle Makes are already given on the Form. Please choose a Make if it is already present. If your Vehicle Make is not already present, then you may enter your Vehicle Make.

Model: Enter your complete vehicle Model information in this field. Include information such as AWD, XL, etc.

Year: Pick the Model Year of your vehicle or enter it if it is not present in the list.

(Instructions continued on next page.)

888-327-4236 | www.safercar.gov

Department of Transportation, NHTSA . Office of Defects Investigation/CRD, NVS-216 . 1200 New Jersey Ave SE . Washington, DC 20590

Specific Instructions (continued)**Incident Information**

Provide as much information as possible about your incident(s). If you have encountered multiple incidents, enter the details related to the first occurrence.

Approximate Incident Date: Enter a date in mm/dd/yyyy format for when the incident prompting this complaint occurred. You may also click in the entry box and then click the drop-down button that appears to the right of the field. This will display a calendar from which you can choose the incident date.

Description: You may write a narrative description of up to 1900 characters in this field. This Description field provides a spell-checker feature by underlining the misspelled word in red. Additionally, the character counter on the Description field informs you of the number of remaining characters available as you enter the text. Note: Please do not provide any personal information in this field.

Failed Component (1, 2, 3): You may select up to three vehicle components which may have contributed to the incident(s). If you are unsure of which component failed or the failed component is not in the list, you may choose "Unknown or Other".

Personal Information

Enter the information in the fields provided. This information is necessary in case we need to contact you for additional data or to clarify your entries.

PLEASE NOTE: We do NOT share your personal information with the general public.

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 (Sept. 3, 2004).

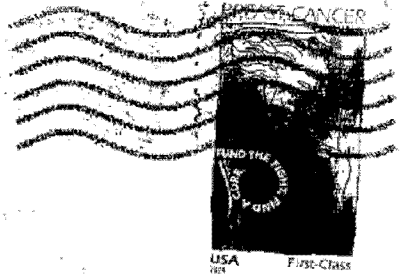
The Privacy Act of 1974 - Public Law 93-579, As Amended: This information is requested pursuant to the authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or statistical summary thereof, may be used in support of the agency's action.

Paperwork Reduction Act Burden Statement: A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0008. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, completing, and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Avenue SE., Washington, DC 20590.

Stockton, Missouri

SPRINGFIELD MO 658

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Office of Defects Investigation CRD, NVS-216
1200 New Jersey Ave SE Washington D.C.
20590

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