



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: 01-NOV-2018
Repository:
Reference No.: 11144678
MAR 12 2019

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MURFREESBORO State: AR Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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: SNPEU46F66H [REDACTED]
Make: HYUNDAI Model: SONATA Model Year: 2006
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: [REDACTED] Antilock Brakes Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 09-SEP-2018
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS Failure Mileage: [REDACTED] Failure Speed: 20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] 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 2006 HYUNDAI SONATA. THE CONTACT STATED THAT THE VEHICLE HAD VEERED TO THE RIGHT AND LOST CONTROL CAUSING THE VEHICLE TO CRASH INTO A CURB. THE DRIVER SIDE AIR BAG DEPLOYED VIOLENTLY. AS A RESULT, THE DRIVER SUSTAINED FACIAL BRUISES AND CUTS THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS NOT FILED. THE INSURANCE COMPANY INDICATED THAT THE VEHICLE WAS TOWED TO A YARD AND WITH EXTENSIVE DAMAGES AND DEEMED A TOTAL LOSS. A DEALER HAD NOT INSPECTED AND DIAGNOSED THE VEHICLE. THE CONTACT WAS UNCERTAIN IF THE FAILURE WAS RELATED TO NHTSA CAMPAIGN NUMBER: 08V161000 (AIR BAGS). THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS NOT AVAILABLE.

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 didn't refuse to go to the hospital. I just had to call and get someone to pick up daughter from work and met me at the hospital to take me home. My driver's side window was having ~~medical~~ electrical issues on 09-09-2018, and my dash warning lights were having issues and my shift lock was acting up getting stuck that is what I think happened that caused the crash the probably caused the gear box to go out and my deflators wasn't working right that not either so me windows ~~wasn't~~ didn't unfog well. ^{Had spent \$2000 in repairs} ^{Perkins Report of 2018}

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

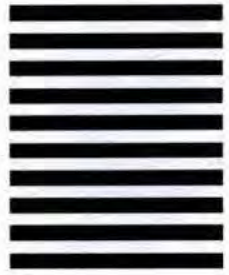
National Highway Traffic Safety Administration

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**



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

ARKANSAS MOTOR VEHICLE COLLISION REPORT

Report # [redacted] Unit Assigned 603 Premises Geo Code District

Mo/Day/Yr 09-09-18	Day of Week SUN	Time Of Collision 8:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	No. Of Vehicles 1	Time Notified 8:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Time Arrived 8:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Hit & Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Direction Of Travel V# 1 W V#	Official Use Only
County Pike	City Murfreesboro	Not In City, But		Distance	Direction	City Limits	Speed Limit 30	Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Road / Street / Highway			Section 27-5	Log Mile 0.91	At Intersection With			
Not At Intersection, But				<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Reference Point		

VEHICLE # 1 (PEDESTRIAN #)

Commercial Vehicle Supplement Required? Yes No

Driver's Name (First/MI/Last Name) [redacted] Inj. Code 3

Address [redacted] Safety Equip. 3-5 Eject Code 0

City Murfreesboro State AR Zip Code [redacted]

Additional Information

DOB [redacted]	Race W	Sex F	Driver's License State AR	Class D
# [redacted]	End. -			

Blood/Breath/Urine Test Requested Yes No Results (If Known)

Vehicle Owner's Name (First/MI/Last Name) [redacted]

Address [redacted]

City Murfreesboro State AR Zip Code [redacted]

Vehicle Description Year 2006 Make Hyundai

Model Sonata Body Style 4 door Color Maroon

Vehicle Identification Number 5NPEU46F66H [redacted] Estimated Damage \$3500

Vehicle License Plate None

Year 19 State [redacted] Number [redacted]

Trailers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	# Of Units	Reg. State	Plate #
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Prior Vehicle Damage? Yes No If Yes, Describe Damage & Location none noted

Vehicle Damage As Result Of Collision Disabled Other Damage Functional No Damage

Towed? Yes No Name Of Tow Service Best Towing Service

Address Vehicle Removed To Highway 27 North

City Murfreesboro State AR Zip Code 71958

Additional Information Wrecker Service Phone # [redacted]

Insurance Diamond State Insurance Agency

Insurance Company American Underwriters Insurance Policy # [redacted]

EMS Notified 8:56 AM PM Transported By Guardian

EMS Arrived 8:59 AM PM EMS Medic 26

No Injury/Transport

Injured Transported To (Hospital Name/City/State) Howard Memorial Hospital Nashville Arkansas 71852

VEHICLE # (PEDESTRIAN #)

Commercial Vehicle Supplement Required? Yes No

Driver's Name (First/MI/Last Name) Inj. Code

Address Safety Equip. Eject Code

City State Zip Code

Additional Information

DOB	Race	Sex	Driver's License State	Class
#	End.			

Blood/Breath/Urine Test Requested Yes No Results (If Known)

Vehicle Owner's Name (First/MI/Last Name)

Address

City State Zip Code

Vehicle Description Year Make

Model Body Style Color

Vehicle Identification Number Estimated Damage

Vehicle License Plate None

Year State Number

Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	# Of Units	Reg. State	Plate #
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Prior Vehicle Damage? Yes No If Yes, Describe Damage & Location

Vehicle Damage As Result Of Collision Disabled Other Damage Functional No Damage

Towed? Yes No Name Of Tow Service

Address Vehicle Removed To

City State Zip Code

Additional Information

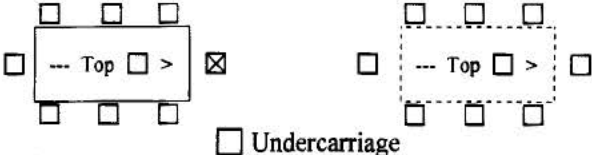
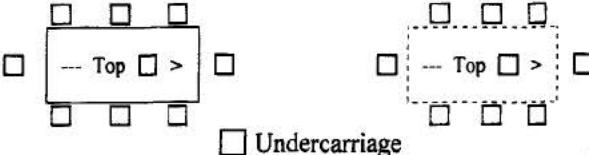
Insurance Company Policy #

EMS Notified AM PM Transported By

EMS Arrived AM PM

No Injury/Transport

Injured Transported To (Hospital Name/City/State)

Vehicle # <u>1</u> Point Of Initial Contact  <input type="checkbox"/> Undercarriage	Vehicle # _____ Point Of Initial Contact  <input type="checkbox"/> Undercarriage
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Damage To Property Other Than Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Object Struck	Owner's Name Address (City/State/Zip Code)	Damage Estimate \$ Owner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Witness Name(s) (First/MI/Last Name)	Address (City/State/Zip Code)
None available	

Citation(s) Issued To (First/MI/Last Name)	Charge(s) And Statute Number(s)	Citation Number
None issued		

Narrative: On September 9, 2018 at approximately 8:50 pm, I, Officer Laurent, drove up on the scene of a 1 vehicle accident / vehicle in the ditch at the intersection of [redacted] and [redacted] in Murfreesboro Arkansas.

Upon arrival, I made contact with the operator of vehicle 1, [redacted], which was standing outside and in front of her vehicle. The vehicle was still running and in gear with front tires spinning.

I put the vehicle in park and shut the vehicle off. Both front air bags had deployed and the driver had blood on her face and right arm. I asked her if she was okay and needed an ambulance. She advised she was okay and did not need an ambulance. I also saw oil leaking from the vehicle and advised Pike Dispatch to send a wrecker.

[redacted] advised she was turning right at the intersection and her windows were fogged up and she could not see and turned to soon driving through the ditch.


I asked her for her driver's license, registration and insurance. She was rambling on and seemed a little disoriented but provided her license and insurance. I obtained her registration from the glove box.

[redacted] then advised her face hurt and noticed she was bleeding and was again rambling some. I called Pike Dispatch and requested Medic 26 to check [redacted] at approximately 8:56 pm.

Medic 26 arrived at approximately 8:59 pm. Medic 26 transported at patient request to Howard Memorial Hospital. Best Towing Wrecker Service towed the vehicle.

From vehicle tracks through the ditch and impact marks on curbs I noted that Vehicle 1 drove through the ditch and impacted both curbs of the driveway entrance to Tobacco-n-More gas station and came to final rest on the west curb of the driveway with front of vehicle 1 hanging over curb into ditch.

No further information.

Officer's Name (Rank/First/MI/Last Name)	Badge No.	Department	Reviewing Officer	Date Filed	Photos
Ptl. Obie Laurent	603	Murfreesboro Police Dept.		09-09-18	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Diagram

Diagram Not to Scale
No Measurements

