 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire</b>                  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 23-AUG-2019 <b>OCT 30 2019</b>	Repository <input type="checkbox"/> Reference No. 11246084
<b>OWNER INFORMATION (Type or Print)</b>			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	
Address [REDACTED]		E-mail Address [REDACTED]	
City LUBBIT	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>			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side <b>1FBZx2YM9HK [REDACTED]</b>		Make FORD	Model Year 2017
Date Purchased	Dealer's Name and Telephone Number Green Building, 1215 Ave. J	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City Lubbock (800) 776 8700	State TX	Zip Code 79401
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 01-AUG-2019
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Vehicle Component Code: 140000 AIR BAGS		Failure Mileage 59850	Failure Speed 15
passenger row 2 left did not lock on impact car seat not restrained properly by transit seat belt child		not injured by impact.	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
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:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part: <b>seat belt mechanism</b>		
<b>APPLICABLE INCIDENT INFORMATION</b> (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 4	Number of Deaths 0
Reported to Police Y			
<p><b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b>                  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 2014 FORD TRANSIT. WHILE DRIVING 15 MPH, AND THE CONTACT WAS JUST ABOUT TO MAKE A LEFT TURN AFTER THE LIGHT TURNED GREEN. ANOTHER VEHICLE RAN THEIR RED LIGHT AND CRASHED INTO THE CONTACT. THE AIR BAGS DID NOT DEPLOY. THE CONTACT DID SUSTAIN INJURIES. THEY DID RECEIVE MEDICAL ATTENTION. THE CONTACT SUFFERED A FRACTURED LEFT RIB, A CUT ON THE BACK OF THEIR HEAD AND LEFT SHOULDER AND BACK. THE CONTACT DID HAVE THEIR THREE CHILDREN IN THE VEHICLE WITH THEM. THE CHILDREN WERE NOT INJURED. THEY WERE STRAPPED INTO THEIR CAR SEATS. THE PERSON THAT CRASHED INTO THE CONTACT WAS INJURED. ONE OF THEIR SHOULDERS WAS DISLOCATED. THEY ROAD IN THE AMBULANCE WITH THE CONTACT. THE CONTACT DIDN'T KNOW IF THE PERSON RECEIVED MEDICAL ATTENTION OR NOT. THEIR WAS A POLICE REPORT MADE. THE CONTACT'S INSURANCE DEEMED THE VEHICLE TOTALED. THE DEALER WAS NOT CONTACTED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 59,850. THE VIN WAS NOT MADE AVAILABLE.</p>			
<p>child safety seat was not restrained by seat belt properly. Seat belt forward landing diagonally on driver seat child in harness was not injured. Child not pull car seat back from swift movement of accident.)</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 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>			



DISPOSITION OF INJURED/KILLED	Unit Num.	Dist. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1		UNIVERSITY MEDICAL CENTER	EMS	
2	1		UNIVERSITY MEDICAL CENTER	EMS		

CHARGES	Unit Num.	Dist. Num.	Charge	Citation/Reference Num.

DAMAGE	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"/> 7 + CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Date	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWR <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 Type
Unit Num.	<input type="checkbox"/> RGWR <input type="checkbox"/> GVWR	34 Trib. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit FIRM	<input type="checkbox"/> RGWR <input type="checkbox"/> GVWR	34 Trib. 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	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. of Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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
2	15								1	1	4	98	1	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram (Not to Scale)
	<b>SEE ATTACHED NARRATIVE</b>	<b>SEE ATTACHED DRAWING</b>

INVESTIGATOR	Time Notified (24HR:MM)	1832	How Notified	DISPATCHED	Time Arrived (24HR:MM)	1833	Report Date (MM/DD/YYYY)	08/01/2019
	Invest. Comm. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	RODGERS JASON				ID Num.	149613
	Unit Num.	TX1520200	*Agency	LUBBOCK POLICE DEPARTMENT				Service/Region/DA

reference No. 11246084

Case ID

[REDACTED]

TxDOT  
Crash ID:

[REDACTED]

\*\*\*SUPPLEMENT\*\*\*

Upon reviewing surveillance video from KK's Corner Mall [REDACTED] the following was determined.

U1 was stopped at the red light in the [REDACTED] Street facing westbound preparing to turn [REDACTED] U2 was traveling in the left lane traveling [REDACTED] traffic stops for a red light and the [REDACTED] traffic begins to go. U1 enters the intersection and begins to turn [REDACTED] due to no longer having a red light. U2 fails to stop at the red light and strikes U1.

The surveillance video that captures this crash has been uploaded to the case file.

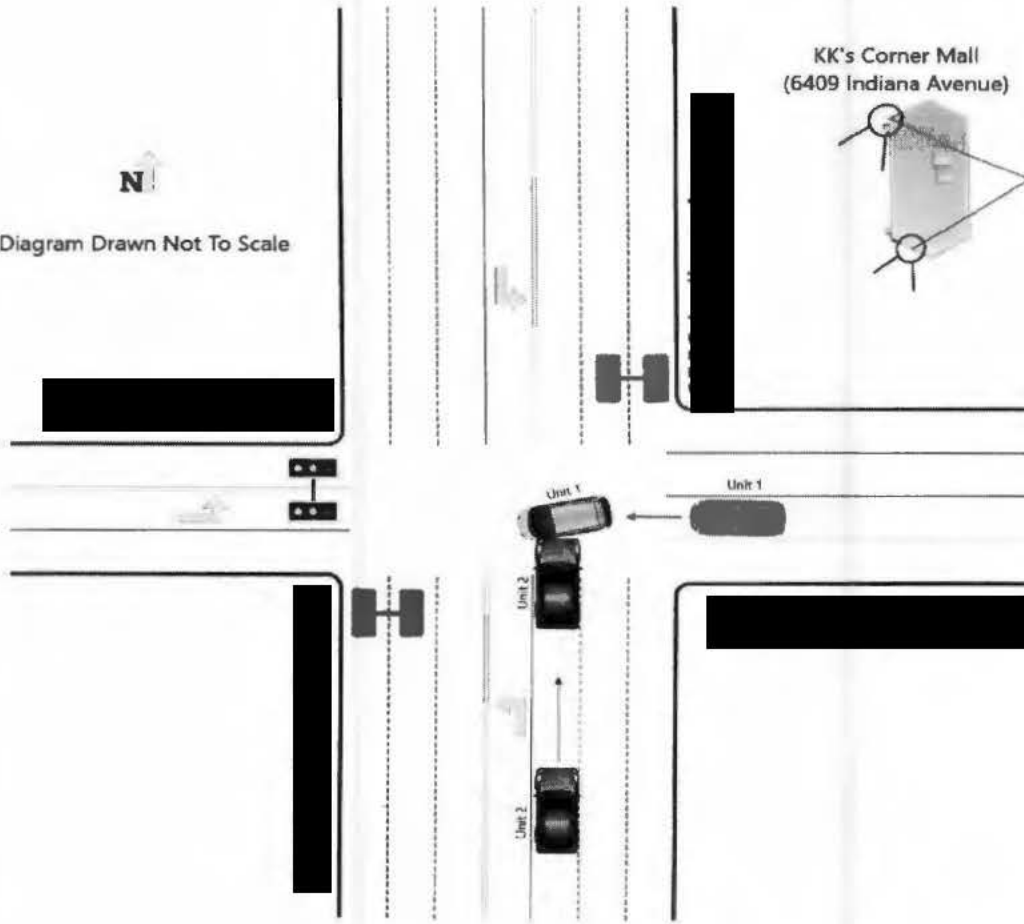
The contributing factor has been updated and the diagram has been changed to represent the roadway better.

Note: The cameras and their angles are shown in the diagram.

ADDITIONAL NARRATIVE

ADDITIONAL DIAGRAM

**N**  
Diagram Drawn Not To Scale



KK's Corner Mall  
(6409 Indiana Avenue)

Surveillance Cameras  
and Angles

Unit 1

Unit 1

Unit 2

Unit 2

reference NO. 1124u084



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NEF-160

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosure: VOQ



To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.