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| FOR AGENCY USE ONLY 100148 | |
| Date Received 14-APR-2021 MAY 26 2021 | Repository <input type="checkbox"/> Reference No. 11408103 |
| Daytime Telephone Number [REDACTED] | E-mail Address [REDACTED] |
| Evening Telephone Number [REDACTED] | [REDACTED] |

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

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City KANSAS CITY State MO Zip Code [REDACTED]

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: KLBCB6SA0LC [REDACTED]
Make CHEVROLET Model SPARK Model Year 2020
Date Purchased 10-15-2019 Dealer's Name and Telephone Number Cable Dahmer Chevy 816-254-2860
Original Owner Dealer's City Independence Missouri State MO Zip Code 64055
Engine: No: Cylinders Fuel Type: Gasoline
Transmission Type Antilock Brakes Powertrain Multiple Failure: Front and side AIR BAGS
 Cruise Control Incident Date(s) 29-MAR-2021

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS Failure Mileage 24718 Failure Speed 35

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) Original Equipment Failure Location:
 Prior Repair
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 2 | Number of Deaths 0 | 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 2020 CHEVROLET SPARK. THE CONTACT STATED WHILE DRIVING 35 MPH, WHEN ANOTHER VEHICLE INTERSECTED HIS LANE AND HE T-BONED THE DRIVER SIDE OF THE ANOTHER VEHICLE. THE AIRBAGS DID NOT DEPLOY. THE CONTACT SUSTAINED INJURIES ON HIS RIGHT KNEE, LOW AND UPPER BACK AND NECK. THE CONTACT'S WIFE(FRONT PASSENGER) SUSTAINED FRACTURE RIBS ON HER RIGHT SIDE AND A WHIPLASH. THE CONTACT AND HIS WIFE DID SEEK MEDICAL ATTENTION AT A EMERGENCY ROOM. A POLICE REPORT WAS FILED. THE VEHICLE WAS NOT DRIVABLE. THE VEHICLE WAS TOWED TO VAN CHEVROLET (100 NW VIVION RD, KANSAS CITY, MO 64118: (816) 527-8564) AND WERE MADE AWARE OF THE FAILURE. THE INSURANCE COMPANY DEEMED THE VEHICLE TOTAL. THE MANUFACTURER HAD NOT BEEN INFORMED OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 24,718.

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)

No new or additional information at this time.

ATTACH ADDITIONAL SHEETS IF NECESSARY

KANSAS CITY MO

14 MAY 2007-11



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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

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

