Form Approved: O.M.B. No. 2127-0008

Posted

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
1-888-327-4236
INTERNET: http://www.nhtsa.dot.gov

U.S. Department of Transportation

National Highway Traffic Safety Administration

RECEIVED COPIED
00 JUL -3 AM 10: 04
OFFICE DEFECTS INVESTIGATION

AGENCY USE ONLY
Date Received
rec'd
ft_dt
od_rl
up_ltr
Reference No.

QC'd 552864

OWNER INFORMATION (Type or Print)

[redacted]

Daytime Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ Yes ☐ No
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 6/19/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
4M2DU66P6YUJ02205	mercury	Mountaineer (4Dr)	2000	13302

Purchased Date	Dealer's Name	Engine Size (CID/CC/L)	
9/29/99	Thomasville Ford Co		☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☐ Used	Dealer's City: Thomasville	State: Ga.	Zip Code: 31792
		No. Cylinders: —	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
☐ Manual ☑ Automatic	☑ Yes ☐ No	☑ Driverside Airbag ☐ Motorbelt ☐ Passengerside Airbag ☐ 2-Point Belt ☑ 3 Point Belt	☑ Yes ☐ No	☑ Front ☐ Rear ☐ 4-Wheel	☐ Car ☑ Sport Utl. ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
Restraint Sys	Air bag (Side)	☑ Left ☑ Right ☑ Front ☐ Rear	☑ Original ☐ Replacement

No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	06/29/00	☑ Yes ☐ No	☐ Yes ☑ No
	Mileage at Failure(s): 13302		
	Vehicle Speed at Failure(s): 35 mph		

APPLICABLE INCIDENT INFORMATION

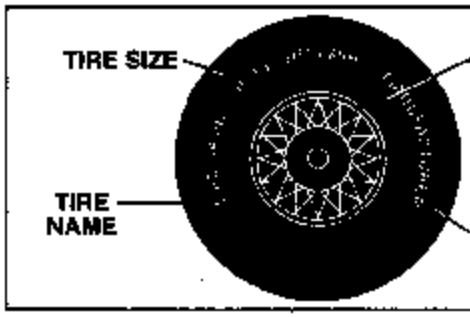
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash	Fire	Number Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☑ Yes ☐ No	☐ Yes ☑ No	3	0	$ 32,985.00	☑ Yes ☐ No

INFORMATION ON TIRE FAILURE(S) *(IF APPLICABLE)*

To report **defective** or **failed** tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (Include all numbers and letters).
Note: This information not required for normal operation tires.

D O T												Manufacturer	Tire Name	Complete Tire Size



U.S. DOT safety standard code
The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.

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 maybe 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 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)

Please Note Attached
Motor Vehicle Accident Report

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR**

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

U.S. Department of Transportation
National Highway Traffic Safety Administration
http://www.nhtsa.dot.gov/hotline

GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

Accident Number	Agency NCIC No.	County	Date Rec. By DPS
200003187	13601	THOMAS	

Date	Day Of Week	Time	Off. Arrived	Vehicles	Injuries	Fatalities	Inside City Of:
06/07/2000	W	17:00	18:49	2	3	0	THOMASVILLE

Road of Occurrence: GA BUS 38 (SMITH) — 1 Interstate 2 US/State St. Rt. 3 Co. Road 4 City St.

At Its Intersection With: DAWSON S — 1 Interstate 2 US/State St. Rt. 3 Co. Road 4 ■ City St.

Corrected Report: Yes ■ No ☐ — Suppl. To Original: Yes ☐ No ■

Not At Its Intersection But: 0.00 ☐ Miles ☐ Feet 1 North 2 South 3 East 4 West Of: 1 Interstate 2 US/State St. Rt. 3 Co. Road 4 City St. 5 Co. Line

And Continuing in the Direction Checked Above The Next Reference Point Is: 1 Interstate 2 US/State St. Rt. 3 Co. Road 4 City St. 5 Co. Line

Vehicle 1

Driver #: 001 — Ped ☐

Last Name / First / Middle: ORTIZ,NATASHA M

Address: 201 ORTIZ LN

City / State / Zip: MOULTRIE, GA 31768 — DOB: 08/11/1983

Driver's License No.: 664286351 — Class: CP — State: GA — ☐ Male ■ Female

Posted Speed: 35 — Insurance Co.: INTEGON — Policy No.: SAG09928100

Year: 1986 — Make: FORD — Model: TEMPE — Telephone No.: 912-890-7719

VIN: 2FABP22X1GB107812 — Vehicle Color: GRAY

Tag #: 301 HAZ — State: GA — County: COLQUITT — Year: 01

Trailer Tag #: State: County: Year:

■ Same as Driver — Owner's Last Name: ORTIZ,NATASHA M

Address: 201 ORTIZ LN

City / State / Zip: MOULTRIE, GA 31768

Removed By: KEVIN'S — ☐ Request ■ List

Alcohol Test: 2 — Type: — Results: — Drug Test: 2 — Type: — Results:

Driver Condition: 1 — Direction of Travel: 3 — Vision Obscured: 1 — Contributing Factors: 8

Vehicle Condition: 1 — Vehicle Maneuver: 5 — Pedestrian Maneuver:

Most Harmful Event: 11 — Vehicle Class: 1 — Vehicle Type: 1

Traffic Control: 2 — Device Inoperative? ☐ Yes ■ No

Vehicle 2

[redacted]

Driver's License No.: 280695043 — Class: C — State: GA — ☐ Male ■ Female

Posted Speed: 35 — Insurance Co.: GEICO — Policy No.: 6633303

Year: 2000 — Make: MERCURY — Model: MOUNTAINER — Telephone No.: 912-226-1409

VIN: 4M2OU52E0YUJ02296 — Vehicle Color: GRAY

Tag #: 298 SEZ — State: GA — County: THOMAS — Year: 01

Trailer Tag #: State: County: Year:

■ Same as Driver — Owner's Last Name: WALKER,ALWINTER MICHELLE

Address: 660 SOUTH

City / State / Zip: THOMASVILLE, GA 31792

Removed By: KING'S — ☐ Request ■ List

Alcohol Test: 2 — Type: — Results: — Drug Test: 2 — Type: — Results:

Driver Condition: 1 — Direction of Travel: 2 — Vision Obscured: 1 — Contributing Factors: 1

Vehicle Condition: 1 — Vehicle Maneuver: 5 — Pedestrian Maneuver:

Most Harmful Event: 11 — Vehicle Class: 1 — Vehicle Type: 11

Traffic Control: 2 — Device Inoperative? ☐ Yes ■ No

Report

Injured Taken To: AMH — By: THOMAS CO EMS

EMS Notified Time: — EMS Arrival Time: — Hospital Arrival Time: — Photos Taken: ☐ Yes ■ No — By:

Report By: MAXWELL L R — Department: THOMASVILLE POLICE — Report Date: 06/07/2000 — Checked By: RICH T.M 0224 — Date Checked: 06/08/2000

Witness(es) Name — Address — City — State — Zip Code — Telephone No.

DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Carrier Name / Vehicle #: — Carrier Name / Vehicle #:

Address: — Address:

City / State / Zip: — City / State / Zip:

Number of Axles — G.V.W.R. — Fed. Reportable 1 ☐ Yes 2 ☐ No — Cargo Body Type

Vehicle Config. — I.C.C.M.C. # — U.S. D.O.T. # — Interstate ☐ Intrastate ☐

C.D.L.? 1 ☐ Yes 2 ☐ No — C.D.L. Suspended? 1 ☐ Yes 2 ☐ No

Vehicle Placarded? 1 ☐ Yes 2 ☐ No — Hazardous Materials? 1 ☐ Yes 2 ☐ No — Released? 1 ☐ Yes 2 ☐ No

If YES, Name or 4 Digit Number from Diamond or Box: ____

1 Digit Number from Bottom of Diamond: ____

____ Ran Off Road ____ Down Hill Runaway ____ Cargo Loss Or Shift ____ Separation of Units

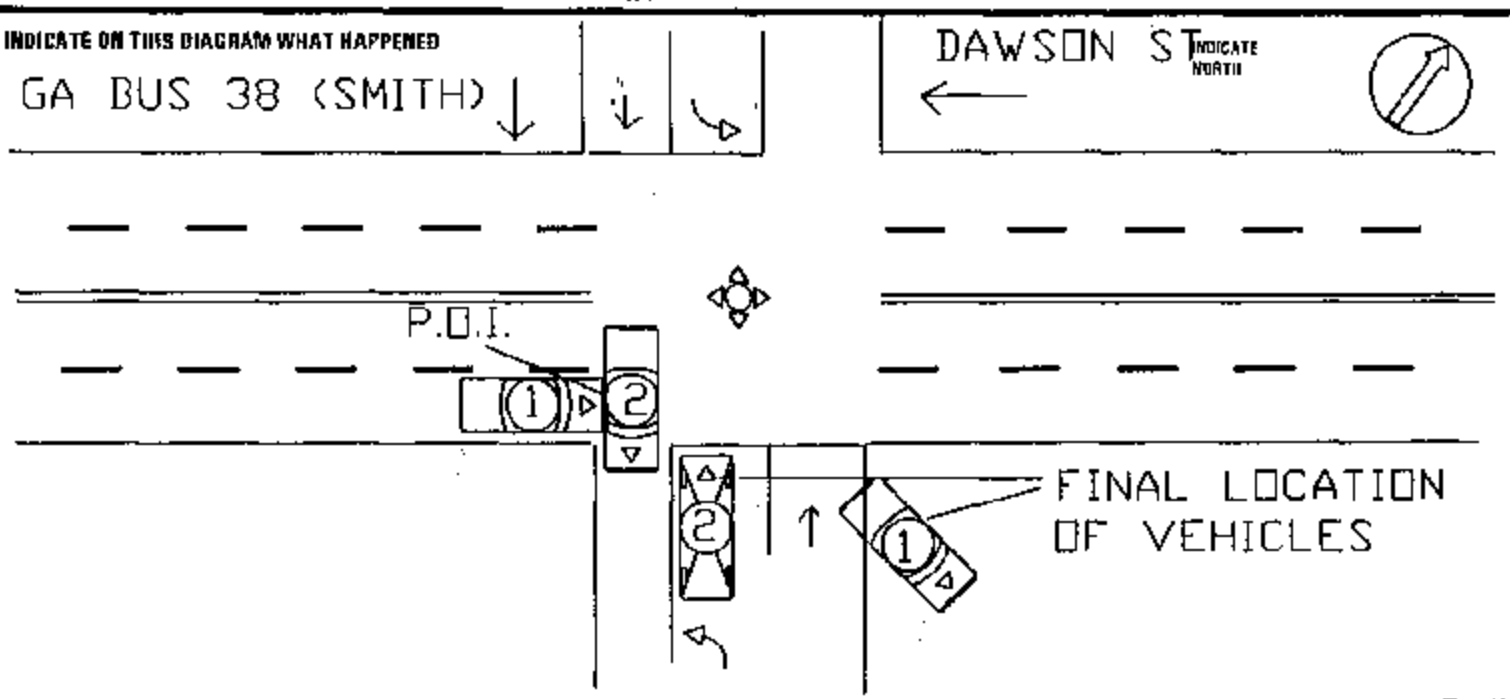
MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

DPS 523 (01/94)

REMARKS

ORTIZ/WALKER ACCIDENT [Narrative ID = 200003107 DV 001]
Added 06/08/2000 - 05:47:48 By MAXWELL L R VEHICLE 2 WAS TRAVELING SOUTH BOUND ON DAWSON STREET APPROACHING SMITH AVE. VEHICLE 1 WAS TRAVELING EAST ON SMITH AVE. VEHICLE 1 THEN RAN THE RED LIGHT AT SMITH AND DAWSON AND HIT VEHICLE 2 ON THE PASSENGER'S SIDE. MR MARLIN BAUNOCH WAS A WITNESS TO THE ACCIDENT. MR BAUNOCH SAID THAT VEHICLE 1 RAN THE RED LIGHT AT SMITH AND DAWSON AND HIT VEHICLE 2 IN THE PASSENGER'S SIDE. WHEN VEHICLE 1 HIT VEHICLE 2, VEHICLE 2 WAS THEN OVERTURNED. DRIVER 1 DOES NOT REMEMBER EXCATLY WHAT HAPPENED. DRIVER 1 SAID THAT ALL SHE KNOWS IS THAT SHE HIT VEHICLE 2. DRIVER 2 SAID THAT SHE ...

INDICATE ON THIS DIAGRAM WHAT HAPPENED



Accident Investigation Site? ☐ Yes ■ No
Site Number:

CITATIONS - VEHICLE # 001
FAILURE TO OBEY TRAFFIC DEVICE

CITATIONS - VEHICLE # 002

First Harmful Event	Trafficway Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character
1	1	1	1	1	1	1	2	1	1

	VEH. # 001	VEH. # 002
Number of Occupants	2	1
Point Of Initial Contact	12	88
Damage To Vehicles	4	4

SKID DISTANCE BEFORE IMPACT — VEH. 001 ____ AFTER VEH. 001 ____ — VEH. 002 ____ VEH. 002 ____

Width Of Road 48 FT

Occupants	Driver # / Or Pedestrian #	AGE	SEX	VEH NO.	POS.	SEATING	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
	001					3	2	1	3	2	8
	002					3	1	2	3	2	3
ORTIZ,SHARON	001	48	F	1	2	3	1	1	8	2	8

Damage Other Than Vehicle: Owner:

Last Name First Address City State Zip
ORTIZ,SHARON 201 ORTIZ LN,MOULTRIE, GA 31768

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

WAS TRAVELING SOUTH ON DAWSON AND THAT VEHICLE 1 RAN THE RED LIGHT.

ALL PARTIES INVOLVED IN THE ACCIDENT WERE TAKEN TO ARCHEBOLD MEMORIAL HOSPITAL BY THOMAS CO EMS.