Form Approved: OMB No. 2127-0042

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 1038

Date Received: 09-JAN-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8001829

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
N/A	FORD	PROBE	1993	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ 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
12250000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 21-DEC-2001	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s _____	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s) _____		

APPLICATION 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 of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☐ No		1		☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 50 MPH AT NIGHT ON DRY ROADS CONSUMER WAS INVOLVED IN A SIDE COLLISION THAT RESULTED IN DRIVER'S SIDE LAP AND SHOULDER BELT NOT ENGAGING, CONSUMER DIED AS A RESULT. PLEASE PROVIDE FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED

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

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1038	
Date Received: 11-JAN-2002	Od_or rt_dt od_rt up_ltr
	Reference No. 8001829

OWNER INFORMATION (Type or Print)

[redacted] 732947

Work Number [redacted]
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ■ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date ___/___/___

VEHICLE INFORMATION

Vehicle Iden. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
N/A 1ZLT22B6R5154630	FORD	PROBE	~~1993~~ 1994	Unknown

Purchase Date	Dealer's Name	Engine Siz	
Unknown ☐ New ■ Used	Dealer's Name Unknown City ____ State ____ Zip Code ____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ■ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☐ Automatic	☐ Yes ☐ No	■ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yea ☐ No	☐ Front ☐ Rear ☐ 4 Wheel	■ Car ☐ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ____	■ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12250000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacemen

No of Failures		Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s) 21-DEC-2001 Mileage at Failure(s) Unknown Vehicle Speed at Failure(s) EST. 65 MPH	■ Yes ☐ No	☐ Yes ☐ No

APPLICATION 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 of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ■ No	-0-	1	Total Loss	■ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 50 MPH AT NIGHT ON DRY ROADS CONSUMER WAS INVOLVED IN A SIDE COLLISION THAT RESULTED IN DRIVER'S SIDE LAP AND SHOULDER BELT NOT ENGAGING, CONSUMER DIED AS A RESULT. PLEASE PROVIDE FURTHER DETAILS.*AK

PLEASE REFER TO BACK.

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*													MANUFACTURER/TIRE NAME	SIZE
D	O	T												

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

REPORTING AGENCY: Crawford County Coroner's Office

INVESTIGATOR: G. Arden HUGHES, Chief Deputy Coroner

DATE OF CRASH: 21 December 2001 TIME OF CRASH: 1447 hrs. Daylight Dry Interstate

Estimated Speed is 65 mph, the posted speed on this interstate.

I have provided the VIN on the reverse side The Vehicle registration is Maryland KCD675

The decedent, one Paul A. FREEMAN was operating his vehicle northbound on Interstate 79 in Greenwood Township, Crawford County, Pennsylvania when he apparently lost control, left the highway. striking guide rails, and coming to rest in the median. We believe he fell asleep dropping off the west berm toward the median, over corrected traveling 135 feet before striking the end post of guide rails. The vehicle went into the guide rail post in a sideway skid striking the right side of the vehicle. The decedent was belted and the belt buckle failed.

NOTE: We removed the seat belts from the vehicle. (Front left) Should you desire to examine the belts please contact us again.

[redacted]

[redacted]

☆ U.S. G.P.O.: 1992 – 620-887/60065

National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use $300

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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