Form Approved: O.M.B. No. 2127-0039

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 190

Date Received: 15-SEP-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: 870565

[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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHEVROLET TRUI	ASTRO	1995	

Purchase Date: ☒ New ☐ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____ No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other_____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12112200	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:DI	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ 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	1			☐ Yes ☒ No

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

WHILE DRIVING AT 50 MPH ANOTHER VEHICLE PULLED IN FRONT , CONSUMER HIT OTHER VEHICLE WITH THE FRONT END. UPON IMPACT, DRIVER'S SIDE AIRBAG DID NOT DEPLOY, CAUSING INJUIRES IN CHEST. NO INDICATIONS OF DEFECT. VEHICLE WAS TOTAL LOSS.*AK

CONTINUED 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

00 OCT -5 AM 11:01
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 160

Date Received: 15-SEP-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 870565

Work Number

Home Numb [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 638638

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an [redacted] name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 9/29/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDM19W8SB206054	CHEVROLET TRU	ASTRO	1995	95000 K

Purchase Date: ☒ New ☐ Used

Dealer's Name: Blackley Chevrolet
City: Hornbeak State: Tenn Zip Code: 38232

Engine Size (CID/CC/L): ____ No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ 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 VAN

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12112200	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:D	☒ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures

Date(s) of Failure(s): 9-25-00
Mileage at Failure(s): 95000 K
Vehicle Speed at Failure(s): 50 MPH

Failed Part(s) Available? ☐ Yes ☐ No Don't Know

NHTSA Previously Contacted? ☐ 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	1	0	$10,000 + Personal Property	☐ Yes ☒ No

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

WHILE DRIVING AT 50 MPH ANOTHER VEHICLE PULLED IN FRONT , CONSUMER HIT OTHER VEHICLE WITH THE FRONT END. UPON IMPACT, DRIVER'S SIDE AIRBAG DID NOT DEPLOY, CAUSING INJUIRES IN CHEST. NO INDICATIONS OF DEFECT. VEHICLE WAS TOTAL LOSS.*AK

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)

enclosed is copies of Police report showing damnage to Van also a copy of letter sent to me by (GM) stating there air bags worked the way they were suppose to.

If they worked why denyit they come out to prevent me getting my Chest Muscles messed up also a letter to Tennessee Commerce & Insurance I sent to them

I'm also looking for address to (60 min) & (Date line) If I can find it.

☆ U.S. G.P.O.: 1992 – 625-667 / 60086

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
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

TENNESSEE HIGHWAY PATROL
VEHICLE TOW-IN REPORT / NO-TOW REQUEST
LIABILITY RELEASE REPORT

DATE	TIME	COUNTY	CODE	OCCURRED ON: STREET, HWY., ROUTE NUMBER	SR. NO
08/25/00	8:15 ☐AM ☒PM	OBion	66	SR 216	2

DISTRICT	ZONE	CLASS OF WRECKER	TIME REQUESTED	TIME ARRIVED	DOS INSPECTION NUMBER	CASE NUMBER
4	1	A	7:38p	8:05p	3912	

YEAR	MAKE	MODEL	COLOR	BODY TYPE	VIN	LIC NUMBER	STATE	YEAR
95	Chev	Astro	Wh	VAN	1GNDM19W8SB20054	CKK060	TN	01

	YES	NO
10-28 CONDUCTED?	☒	☐
10-29 CONDUCTED?	☐	☒
VEHICLE STOLEN/WANTED?	☐	☒
REGISTERED OWNER NOTIFIED?	☒	☐
LIEN HOLDER(S) NOTIFIED?	☐	☒
HOLD PLACED ON VEHICLE?	☐	☒

10-15 ☐ 10-44 ☐ 10-45 ☐ 10-46 ☒ 10-63 ☐ OTHER: ☐

CHARGE(S): _____

REASON: _____

REASON FOR TOWING

SEIZED
- T.C.A. 55-10-403 (D.U.I.) ☐
- T.C.A. 55-50-504 (REVOKED) ☐
- OTHER: ☐

OWNER REQUEST ☒
OFFICER REQUEST ☐

WAS VEHICLE ABANDONED? ☐ Yes ☒ No If Yes, LENGTH OF TIME ABANDONED? _____ DAYS

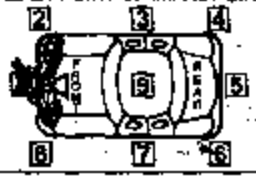
MILEAGE ON VEHICLE AT TIME OF TOW? _____ MILES

VEHICLE
BURGLARIZED ☐ BURNED ☐ DISABLED ☒ ROLLED ☐ STRIPPED ☐ VANDALIZED ☐

REGISTERED OWNER'S NAME

[redacted]

DAMAGED AREAS / POINT OF IMPACT CIRCLED



TYPE OF ACTION:

☐ REQUESTED OFFICER TO CALL _____ WRECKER

☒ REQUESTED OFFICER TO CALL THE T.H.P. SCHEDULED WRECKER

☐ VEHICLE SECURED AT LOCATION / OWNER-OPERATOR RESPONSIBLE FOR SAFEKEEPING.

☐ VEHICLE REMANDED TO THE CUSTODY OF _____ WHEREIN HE/SHE WILL BE RESPONSIBLE FOR ITS SAFEKEEPING.

I hereby acknowledge that I have read and understand the contents of this report and in consideration for compliance with the above request release the Tennessee Department of Safety and the Investigating Officer from any liability for possible loss of or damage to the vehicle and property therein.

X _____ (Signature of Vehicle Owner/Operator)

VEHICLE DISPOSITION

WRECKER COMPANY	ADDRESS	PHONE NO.
Allens Exxon	1st & Reelfoot Ave. Union City TN	901-885-[illegible]
LOCATION OF VEHICLE	**ADDRESS**	**PHONE NO.**
	SAME AS ABOVE	

☒ INVENTORY PERFORMED (IF NOT - EXPLAIN) _____

ITEMS INVENTORIED: Papers, Clothing, First Aid Kit, Change, A.C. Compressor, Motorola cell phone SCN2395A (Sent GUL 24)

INVESTIGATING OFFICER	BADGE NO.		REVIEWED AND APPROVED BY:
T.P. Van Hoose	755	☐ SUPPLEMENT ☒ RELATED REPORTS	

I HEREBY ACCEPT RESPONSIBILITY OF THE ABOVE DESCRIBED VEHICLE AND INVENTORY.

_____ WRECKER SERVICE SIGNATURE

SF-0158 (rev 4/97) RDA 2

Please Do Not Write In This Microfilm Space

Tennessee Uniform Traffic Crash Report

Document Type: 1 Original Document (select 1) 2 Supplement Document 3 Amended Document

Reference Number Override

Local Agency Number

REFERENCE NUMBER: 738838!

Type of Crash (select 1): 1 Fatal 2 Injury 3 Property Damage (Over) 4 Property Damage (Under)

Reporting Agency Name

Reporting Agency Type: 1 Tennessee Highway Patrol (THP) 2 City/Metropolitan Police Dept. (CPD) 3 Sheriff's Office 4 Capital Police 5 Commercial Vehicle Enforcement (CVE) 6 College/University Campus 7 National Park Service 8 Other

Investigation Complete? 1 Yes 2 No

Photos Taken? 1 Yes 2 No

If Yes, by Whom? 1 Police 2 Other

Totals	Vehicles	Killed	Injured
	02	00	02

Date of Crash: MONTH 08, DAY 25, YEAR 00

Day of Crash: 1 SUN, 2 MON, 3 TUES, 4 WED, 5 THURS, 6 FRI, 7 SAT, 8 UNK

Time of Crash: 1910

County: 66

City: 0000

Area: 1 Urban 2 Rural

Trafficway/Land Way/Private Way: 1 Trafficway – OPEN 2 Trafficway – CLOSED 3 Parking Lot 4 Private Property or Private Road

Additional Designation (select 1): 1 Not Applicable 2 Business 3 Residential 4 School

Hit and Run? 1 Yes–Hit Stationa Vehicle in Transport 2 Yes–Hit Pedestrian or Non-Motorist 3 Yes–Hit Parked Vehicle or Object 4 No Hit and Run

Solved: 1 Yes 2 No

TDOT Use Only: ROUTE NUMBER | SPC CASE | CO. SEC | LOG MILE | LOC

Rail/Crossing ID

Time Notified: 1918

Time Arrived: 1931

Police Pursuit Involved? 1 Yes 2 No

GPS Coordinate: LONGITUDE | LATITUDE

School Bus Related? 1 Yes 2 No

ON Hwy No. and / Street Name: S.R. 216 / Mt. Pelia Road

Estimated: A.T

FROM/AT Hwy No. and / Street Name: Central High Road

Mile Post: 5

Vehicle 1

Vehicle Number: 1

Total Number of Occupants: 1

Driver Presence: 1 Driver Operated Vehicle 2 Driver Operated Non-Contact Vehicle 3 Driver Operated Government Vehicle 4 Driverless Vehicle

[redacted]

DRIVER NAME: First Frank M.I. M Last DAVIS

ADDRESS Street & Number: 1238 Simonal Road

City & State: Rives TN ZIP 38253

Phone Number: 901 536 530

Driver's License Number: 40424431 State TN Exp. Year 2000

Date of Birth: 09-14-1950 Age 49 Sex M Race 1 White 2 Black 3 Hispanic 4 Other

License Class: D

Endorsements: Complied? Y/N

Restrictions: Complied With? Y/N

Injury Code: 3

Safety Equipment: 03

AIRBAG: 00 Non-Motorist 30 Not Available 01 Anti. Deployed 31 Not Replaced 02 Anti. Not Dplyd. 32 Disabled/Removed 99 Unknown

EJECTED: 0 Not Applicable 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 9 Unknown

Ejection Path

TRAPPED/EXTRICATED: 0 Not Applicable 1 Not Trapped 2 Trapped/Extricated 3 Trapped/Not Extricated 9 Unknown

Medical Transport: N

Driver Residence: 1 Less 25 mi. 2 Over 25 mi. 3 Out of State

Ambulance/Hospital: REMS / BMH-UC

Year of Vehicle: 1995 Make: Chevy Model: Astro Color: Whi Body Type: Van

Vehicle ID Number: 1GNDM19W8SB206054

Body Code:

License Plate Number: CKK080 State: TN Exp. Year: 2001

Vehicle Owner: Same N

First M.I. Last

Street Address

City & State ZIP Phone Number

Violations: 0 None 1 Alcohol/Drugs 2 Reckless/Careless 3 Over Moving 4 Other Non-Moving 5 Pending

Charges:

Vehicle 2

Vehicle Number: 2

Total Number of Occupants: 1

Driver Presence: 1 Driver Operated Vehicle 2 Driver Operated Non-Contact Vehicle 3 Driver Operated Government Vehicle 4 Driverless Vehicle

DRIVER NAME: First M.I. Last

ADDRESS Street & Number

City & State ZIP Phone Number

Driver's License Number: 058168122 State TN Exp. Year 2001

Date of Birth: 02-24-1923 Age 77 Sex F Race 1 White 2 Black 3 Hispanic 4 Other

License Class: D

Endorsements: Complied? Y/N

Restrictions: Complied With? Y/N

Injury Code: 3

Safety Equipment: 03

AIRBAG: 00 Non-Motorist 30 Not Available 01 Anti. Deployed 31 Not Replaced 02 Anti. Not Dplyd. 32 Disabled/Removed 99 Unknown

EJECTED: 0 Not Applicable 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 9 Unknown

Ejection Path

TRAPPED/EXTRICATED: 0 Not Applicable 1 Not Trapped 2 Trapped/Extricated 3 Trapped/Not Extricated 9 Unknown

Medical Transport: N

Driver Residence: 1 Less 25 mi. 2 Over 25 mi. 3 Out of State

Ambulance/Hospital

Year of Vehicle: 1994 Make: Chevy Model: Silverado Color: Brn Body Type: Pickup

Vehicle ID Number: 1GCEC14K9RE154723

Body Code:

License Plate Number: CJX297 State: TN Exp. Year: 2001

Vehicle Owner: Same N

First M.I. Last

Street Address

City & State ZIP Phone Number

Violations: 0 None 1 Alcohol/Drugs 2 Reckless/Careless 3 Over Moving 4 Other Non-Moving 5 Pending

Charges: Failure To Yield R.O.W. (Intersection) (55-8-130)

Investigating Officer Rank and Name (Print Name): Trp. Carl Jones, Jr.

Badge/ID Number: 755 District/Zone: 4 Car No.: 4484

Report Received Date: 08-25-2000

SF1203 (rev 5-99)

PLEASE DO NOT WRITE IN THIS AREA

RDA 1348

Harmful Event

Most Harmful Event per Vehicle

(select 1 per vehicle)

Collision with Object Not Fixed

V1	V2	
08	08	Pedestrian
09	09	Pedalcycle
10	10	Railway Train
50	50	Deer (Animal)
11	11	Other Animal
●	●	Motor Vehicle in Transport
13	13	Motor Vehicle In Transport in Other Roadway
14	14	Parked Motor Vehicle
15	15	Other Type Non-Motorist
18	18	Other Object (Not Fixed)

Collision with Fixed Object

V1	V2		V1	V2	
17	17	Boulder	30	30	Utility Pole
19	19	Building	31	31	Other Post, Pole, Supp.
20	20	Impact Attenuator	32	32	Culvert
21	21	Bridge Pier/Abutment	33	33	Curb
22	22	Bridge Parapet End	34	34	Ditch
23	23	Bridge Rail	35	35	Embankment
24	24	Guardrail Face	36	36	Fence
25	25	Guardrail End	39	39	Wall
26	26	Median Barrier	40	40	Mail Box
27	27	Hi-way Traffic Sign Post	41	41	Shrubbery
28	28	Overhead Sign Support	42	42	Tree
29	29	Luminaire/Light Supp.	47	47	Fire Hydrant
46	46	Traffic Signal Support	48	48	Other Fixed Object

Non-Collision

V1	V2		V1	V2	
01	01	Overturn	06	06	Fell/Jumped from Vehicle
02	02	Fire/Explosion	07	07	Other Non-Collision
03	03	Immersion	10	10	Thrown or Falling Object
04	04	Jackknife			

V1	V2	
99	99	Unknown Most Harmful Event

First Harmful Event for the Crash

Manner of Collision at First Harmful Event *(select 1)*

0	Not Collision with Motor Vehicle in Transport	●	Angle
1	Rear-End	5	Sideswipe, Same Direction
2	Head-On	6	Sideswipe, Opposite Direction
3	Rear-to-Rear	9	Unknown

Relation to Junction at First Harmful Event *(select 1)*

Non-Interchange		*Interchange Area*	
01	Non-Junction	10	Intersection
●	Intersection	11	Intersection-Related
03	Intersection-Related	12	Driveway
04	Driveway, Alley Access, etc.	13	Entrance/Exit Ramp Related
05	Entrance/Exit Ramp Related	14	Crossover-Related
06	Rail Grade Crossing	15	Other Location in Interchange
07	Crossover-Related	19	Unknown, Interchange Area
09	Unknown–Non-Interchange		

99 Unknown Relation to Junction

Relation to Roadway at First Harmful Event

(select 1)

●	On Roadway	05	Off Roadway–Location Unknown
02	Shoulder	07	In Parking Lane
03	Median	08	Gore
04	Roadside–Left	11	Parking Lot or Private Property
05	Roadside–Right	99	Unknown
10	Outside Trafficway		

Driver Factors

Driver Condition *(may select 3)*

V1	V2	
●	●	Appeared Normal
01	01	Had Been Drinking
02	02	Illegal Drug Use
03	03	Ill (Sick)
04	04	Apparently Fatigued
05	05	Apparently Asleep
06	06	Reaction to Drugs/Medication
07	07	Failure to Take Drugs/Medication
08	08	Physical Impairment (Narrative)
09	09	Emotional (Depressed, Angry, Disturbed)
99	99	Unknown Condition

Driver Actions *(may select 5)*

V1	V2	
●	00	No Contributing Actions
11	11	Inattentive (Eating, Reading, Talking, etc.)
12	12	Interfered With by Passenger
13	13	Driving Left of Center
14	14	Driving Wrong Way on One-Way Roadway
15	15	Failure to Comply with License Restrictions
16	16	Failure to Keep in Proper Lane or Running Off Road
17	●	Failure to Yield Right of Way
18	18	Failure to Obey Traffic Controls
19	19	Failure to Observe Warnings or Instructions
20	20	Failure to Signal Inaccurate
21	21	Failure to Use Lights
22	22	Following Improperly
23	23	Improper Backing
24	24	Improper Lane Changing
25	25	Improper Passing
26	26	Improper Turn
27	27	Improperly Towing or Pushing Vehicle
28	28	Improperly Carrying Hazardous Cargo
29	29	Improper Loading of Vehicle Cargo or Passengers
30	30	Operator Inexperience
31	31	Operating without Required Equipment
32	32	Over Correcting
33	33	Careless or Erratic Driving
34	34	Reckless or Negligent Driving
35	35	Speed Too Fast
36	36	Speed Too Slow
37	37	Vision Obstructed, By What? (Narrative)
38	38	Using Telephone, Two-Way Radio
98	98	Other (Narrative)
99	99	Unknown Action

Highway Construction/Maintenance Zone

(select 1)

●	None
1	Construction Zone
2	Maintenance Zone (Short Duration)
3	Utility Zone (Short Duration)
4	Work Zone, Type Unknown
9	Unknown

Light Conditions *(select 1)*

●	Daylight	4	Dawn
2	Dark–Not Lighted	5	Dusk
3	Dark–Lighted	9	Unknown

Weather Conditions *(select 1)*

●	No Adverse Conditions	08	Smog, Smoke
02	Rain	09	Blowing Sand, Soil, Dirt, or Snow
03	Sleet, Hail	10	Severe Crosswind
04	Snow	98	Other (narrative)
05	Fog	99	Unknown
06	Rain and Fog		
07	Sleet and Fog		

Driver Alcohol/Drugs

Presence

V1	V2	*(select 1)*
●	●	Neither Alcohol or Drugs Present
1	1	Yes (Alcohol Present)
2	2	Yes (Drugs Present)
3	3	Yes (Alcohol and Drugs Present)
9	9	Unknown

Determination Method

V1	V2	*(select 3 if applies)*
1	1	Evidential Test
3	3	Behavioral
4	4	Passive Alcohol Sensor
●	●	Observed
8	8	Other

Alcohol

(select 1)

V1	V2	
95	95	Test Refused
●	●	None Given
97	97	Test Given, Results Unknown
98	98	Test Given, Insufficient Sample
99	99	Unknown, if tested Alcohol Results
00	00	Negative BAC

Test Type (select 1 if applies)

V1	V2	
1	1	Blood
2	2	Breath
3	3	Urine
8	8	Other

V1 V2 — Positive Results

Drugs

(select 1)

V1	V2	
95	95	Test Refused
●	●	None Given
97	97	Test Given, Results Unknown
98	98	Test Given, Insufficient Sample
99	99	Unknown, if tested Drug Results
00	00	No Drugs Detected
02	02	Marijuana
03	03	Cocaine
04	04	Opiates
05	05	Amphetamines
06	06	PCP
08	08	Other Drug Medication
09	09	Drug Type Unknown

(may select 3)

Test Type (select 1 if applies)

V1	V2	
1	1	Blood
2	2	Breath
3	3	Urine
8	8	Other

Driver/Vehicle Maneuver *(select 1)*

V1	V2	
●	●	Going Straight
01	01	Negotiating Curve
02	02	Passing or Overtaking Another Vehicle
03	03	Entering Private Drive
04	04	Right Turn to Street
05	05	Right Turn on Red Permitted
06	06	Right Turn on Red Not Permitted
07	07	Left Turn to Private Drive
08	08	Left Turn to Street
09	09	Turning from Wrong Lane
10	10	Making a U-Turn
11	11	Slowing or Stopped for Signal or Sign
12	12	Slowing or Stopped for Turning Traffic
13	13	Slowing or Stopped for Entering Traffic
14	14	Slowing or Stopped Other
15	15	Stopped in Traffic Lane
16	16	Starting in Traffic
17	17	Backing from Drive
18	18	Backing from On Street Parking Space
19	19	Backing Up
20	20	Entering from Private Drive
21	21	Leaving a Parked Position
22	22	Parked Legally–Yes
23	23	Parked Legally–No
24	24	Changing Lanes or Merging
25	25	Maneuvering to Avoid Another Vehicle, Animal, Pedestrian, Object, etc.
98	98	Other (Narrative)
99	99	Unknown

Document Type: 2 Supplement Document; 3 Amended Document

REFERENCE NUMBER: 7388385

Local Agency Number

Reference Number Override

Please Do Not Write In This Microfilm Space

Motorists (Passengers) and/or Non-Motorists

Vehicle Number P1

NAME First: Betty M.I.: L Last: Stockdale

ADDRESS Same as: X Driver ☐ Owner Street & Number City & State ZIP

Date of Birth P1: 01-15-1941

Age P5: 51 (1 Male, ● Female) Sex

Injury Code: 0

SEAT Position: 13

SAFETY Equipment: 03

AIRBAG: 00

Motorists

Non-Motorists: 1 Pedestrian, 6 Bicyclist, A

7 Other Cyclist, 8 Other Pedestrian, 9 Other Non-Motorist

EJECTED: 0 Not Applicable, ● Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 9 Unknown

Ejection Path P12

TRAPPED/EXTRICATED: 0 Not Applicable, ● Not Trapped, 2 Trapped/Extricated, 3 Trapped/Not Extricated, 9 Unknown

Medical Transport: ● N

Ambulance/Hospital: Pinole / Bmh-uc

Alcohol P16: 96

Drugs P17: 96

Vehicle Number P2

NAME First M.I. Last

ADDRESS Same as ☐ Driver ☐ Owner Street & Number City & State ZIP

Date of Birth P2

Age P5: 1 Male, 2 Female Sex

Injury Code: 0

SEAT Position P8

SAFETY Equipment P9

AIRBAG: 00

Motorists

Non-Motorists: 5 Pedestrian, 8 Bicyclist, B

7 Other Cyclist, 8 Other Pedestrian, 9 Other Non-Motorist

EJECTED: 0 Not Applicable, 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 9 Unknown

Ejection Path P12

TRAPPED/EXTRICATED: 0 Not Applicable, 1 Not Trapped, 2 Trapped/Extricated, 3 Trapped/Not Extricated, 9 Unknown

Medical Transport: Y N P15

Ambulance/Hospital

Alcohol P16

Drugs P17

Vehicle Number P3

NAME First M.I. Last

ADDRESS Same as ☐ Driver ☐ Owner Street & Number City & State ZIP

Date of Birth P3

Age P5: 1 Male, 2 Female Sex

Injury Code: 0

SEAT Position P8

SAFETY Equipment P9

AIRBAG: 00

Motorists

Non-Motorists: 5 Pedestrian, 8 Bicyclist, C

7 Other Cyclist, 8 Other Pedestrian, 9 Other Non-Motorist

EJECTED: 0 Not Applicable, 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 9 Unknown

Ejection Path P12

TRAPPED/EXTRICATED: 0 Not Applicable, 1 Not Trapped, 2 Trapped/Extricated, 3 Trapped/Not Extricated, 9 Unknown

Medical Transport: Y N P15

Ambulance/Hospital

Alcohol P16

Drugs P17

Vehicle Number P4

NAME First M.I. Last

ADDRESS Same as ☐ Driver ☐ Owner Street & Number City & State ZIP

Date of Birth P4

Age P5: 1 Male, 2 Female Sex

Injury Code: 0

SEAT Position P8

SAFETY Equipment P9

AIRBAG: 00

Motorists

Non-Motorists: 5 Pedestrian, 8 Bicyclist, D

7 Other Cyclist, 8 Other Pedestrian, 9 Other Non-Motorist

EJECTED: 0 Not Applicable, 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 9 Unknown

Ejection Path P12

TRAPPED/EXTRICATED: 0 Not Applicable, 1 Not Trapped, 2 Trapped/Extricated, 3 Trapped/Not Extricated, 9 Unknown

Medical Transport: Y N P15

Ambulance/Hospital

Alcohol P16

Drugs P17

Vehicle Number P5

NAME First M.I. Last

ADDRESS Same as ☐ Driver ☐ Owner Street & Number City & State ZIP

Date of Birth P5

Age P5: 1 Male, 2 Female Sex

Injury Code: 0

SEAT Position P8

SAFETY Equipment P9

AIRBAG: 00

Motorists

Non-Motorists: 5 Pedestrian, 8 Bicyclist, E

7 Other Cyclist, 8 Other Pedestrian, 9 Other Non-Motorist

EJECTED: 0 Not Applicable, 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 9 Unknown

Ejection Path P12

TRAPPED/EXTRICATED: 0 Not Applicable, 1 Not Trapped, 2 Trapped/Extricated, 3 Trapped/Not Extricated, 9 Unknown

Medical Transport: Y N P15

Ambulance/Hospital

Alcohol P16

Drugs P17

Vehicle Number P6

NAME First M.I. Last

ADDRESS Same as ☐ Driver ☐ Owner Street & Number City & State ZIP

Date of Birth P6

Age P6: 1 Male, 2 Female Sex

Injury Code: 0

SEAT Position P8

SAFETY Equipment P9

AIRBAG: 00

Motorists

Non-Motorists: 5 Pedestrian, 8 Bicyclist, F

7 Other Cyclist, 8 Other Pedestrian, 9 Other Non-Motorist

EJECTED: 0 Not Applicable, 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 9 Unknown

Ejection Path P12

TRAPPED/EXTRICATED: 0 Not Applicable, 1 Not Trapped, 2 Trapped/Entrapped, 3 Trapped/Not Entrapped, 9 Unknown

Medical Transport: Y N P15

Ambulance/Hospital

Alcohol P16

Drugs P17

Non-Motorist Number A B C D E F

Non-Motorist Number A B C D E F

Non-Motorist

Location At Intersection

N1	N2	
01	01	In Crosswalk
02	02	On Roadway, Not in Crosswalk
03	03	On Roadway, Crosswalk Not Available
04	04	On Roadway, Crosswalk Availability Unknown
05	05	Not on Roadway
09	09	Unknown

Location Not At Intersection

N1	N2		N1	N2		N1	N2	
10	10	In Crosswalk	14	14	In Parking Lane	18	18	Other, Not on Road
11	11	On Roadway, Not in Crosswalk	15	15	On Road Shoulder	19	19	Unknown
12	12	On Roadway, Crosswalk Not Available	16	16	Bike Path			
13	13	On Roadway, Crosswalk Availability Unknown	17	17	Outside Trafficway			

Vehicle Striking Non-Motorist N1 Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Vehicle Striking Non-Motorist N2 Vehicle # 1 2 3 4 5 6 7 8 9 10 20

Condition (may select 3)

N1	N2	
00	00	Appeared Normal
01	01	Had Been Drinking
02	02	Illegal Drug Use
03	03	Ill (Sick)
04	04	Reaction to Drugs/Medication
05	05	Failure to Take Drugs/Medication
06	06	Blind
07	07	Restricted to Wheelchair
08	08	Other Physical Impairment (Narrative)
09	09	Emotional (Depressed, Angry, Disturbed)
99	99	Unknown Condition

Actions (may select 4)

N1	N2	
10	10	No Contributing Actions
20	20	Not Visible
21	21	Darting, Running or Scrambling into Road
22	22	Crossing with Signal
23	23	Crossing against Signal
24	24	Crossing, No Signal
25	25	Coming from Behind Parked Car
26	26	Standing in Safety Zone
27	27	Getting on or off Other Vehicle
28	28	Pushing or Working on Vehicle
29	29	Other Working in Roadway
30	30	Construction/Maintenance/Utility Worker
31	31	Playing in Roadway
32	32	Lying in Roadway
33	33	Walking in Roadway
34	34	Walking beside Roadway
41	41	Failure to Keep in Proper Lane or Running off Road
42	42	Failure to Yield Right of Way
43	43	Failure to Obey Traffic Controls
44	44	Failure to Observe Warnings or Instructions
45	45	Failure to Signal Intentions
46	46	Failure to Use Lights
47	47	Improper Loading of Vehicle Cargo or Passe
48	48	Operator Inexperience
49	49	Operating without Required Equipment
50	50	Riding in Roadway Against Traffic
81	81	Vision Obstructed, By What? (Narrative)
89	89	Unknown Action

PLEASE DO NOT WRITE IN THIS AREA

Vehicles

V1

First Impact: 00 01 02 03 04 05 06 07 08 09 10 12 99

Truck Bus Supplement: 1 Yes ● No

Emergency Use: 1 Yes ● No

Rollover: 1 Yes ● No

Fire: 1 Yes ● No

Estimated Damage: 1 Under $400 ● Over $400

(may select 3) Darken Numbered Area(s) of Vehicle Damage

11 All Areas
12 Other
99 Unknown
00 None

Extent of Damage

0 None
1 Very Minor
2 Minor
● Moderate
4 Severe
5 Very Severe
9 Unknown

Vehicle Defects (may select 2): ● None

Vehicle Special Use: ● None

Vehicle Trailer: ● None

Vehicle Towed Due to Damage?: 1 Driven Away ● Towed Away

If Towed, Where? Allen's Exxon - Union City, TN.

Vehicle Going/On: N W ● E S On: S.R. 216 / Mt. Pelia Road

V2

First Impact: 01 ● 02 03 04 05 06 07 08 09 10 12 99

Truck Bus Supplement: 1 Yes ● No

Emergency Use: 1 Yes ● No

Rollover: 1 Yes ● No

Fire: 1 Yes ● No

Estimated Damage: 1 Under $400 ● Over $400

(may select 3) Darken Numbered Area(s) of Vehicle Damage

11 All Areas
12 Other
99 Unknown
00 None

Extent of Damage

0 None
1 Very Minor
2 Minor
● Moderate
4 Severe
5 Very Severe
9 Unknown

Vehicle Defects (may select 2): ● None

Vehicle Special Use: ● None

Vehicle Trailer: ● None

Vehicle Towed Due to Damage?: ● Driven Away 2 Towed Away

If Towed, Where?

Vehicle Going/On: N W ● E On: Central High Road

Trafficway Flow

V1	V2	(select 1)
●	●	Not Physically Divided (Two Way Trafficway)
2	2	Divided Highway, Median Strip (Without Traffic Barrier)
3	3	Divided Highway, Median Strip (With Traffic Barrier)
4	4	One Way Trafficway
9	9	Unknown

Roadway Surface Type

V1	V2	(select 1)
●	●	Asphalt
2	2	Concrete
3	3	Brick or Block
4	4	Gravel, Slag, or Stone
5	5	Dirt
8	8	Other (Narrative)
9	9	Unknown

Trafficway Hazards

V1	V2	(may select 3)
●	●	No Apparent Hazards
01	01	Inadequate Warning of Exits, Lanes Narrowing, Traffic Control, etc.
02	02	Defective Shoulders
03	03	No or Obscured Pavement Markings
04	04	Holes, Deep Ruts, Bumps
05	05	Loose Material on Surface
06	06	Slippery Surface
07	07	Surface Under Water
08	08	Surface Washed Out
10	10	Under Construction/Maintenance
11	11	Recent Previous Accident Scene Nearby
12	12	Street Lights Not Working
13	13	Traffic Control Device Not Visible
98	98	Other Hazards (Narrative)
99	99	Unknown

Traffic Control Devices

V1	V2	(select 1)
●	00	No Controls
01	01	Traffic Light
02	02	Flashing Yellow (Caution)
03	03	Flashing Red (Stop)
04	04	Lane Use Control Signal
05	●	Stop Sign
06	06	Yield Sign
07	07	School Zone Signs
08	08	Warning Signs
09	09	Construction Zone Controls
10	10	RR Crossbucks
11	11	RR Flasher
12	12	RR Gates
13	13	Traffic Control Person
98	98	Other (Narrative)

Roadway Route Signing

V1	V2	(select 1)
1	1	Interstate
2	2	U.S. Route
●	3	State Route
4	●	County Route
5	5	Municipal Route
8	8	Other (Narrative)
9	9	Unknown

Number of Travel Lanes

V1	V2	(select 1)
1	1	One Lane
●	●	Two Lanes
3	3	Three Lanes
4	4	Four Lanes
5	5	Five Lanes
6	6	Six Lanes
7	7	Seven or More Lanes
8	8	Other (See Narrative)
9	9	Unknown

Roadway Surface Conditions

V1	V2	(select 1)
●	●	Dry
2	2	Wet
3	3	Snow or Slush
4	4	Ice
5	5	Sand, Mud, Dirt or Oil
8	8	Other (Narrative)
9	9	Unknown

Roadway Character

V1	V2	Alignment: (select 1)
1	1	Curve
●	●	Straight
9	9	Unknown

V1	V2	Profile: (select 1)
1	1	Level
●	●	Grade
3	3	Hillcrest
8	8	Other (Narrative)
9	9	Unknown

Other Property Damage?

(select all that apply)

1 State Property
2 County Property
3 City Property
● 3 Private Property

Amount of Damage (Estimate)

1 Under $400
2 Over $400

Traffic Control Device Functioning

V1	V2	(select 1 if applies)
1	1	Device Not Functioning
2	2	Device Functioning Improperly
●	1	Device Functioning Properly

Speed Limit

V1	V2
55	55

Access Control

V1	V2	(select 1)
●	●	No Control (Unlimited Access)
2	2	Full Control (ONLY Ramp Entry and Exit)
3	3	Other (Narrative)

Owner Information for Other Property Damage

Name: Phone:

Address: Describe Property

Name: Phone:

Address: Describe Property

Witness

Name: First MI Last

Address: Street & Number

City & State ZIP

Date of Birth Home Phone #

Witness

Name: First MI Last

Address: Street & Number

City & State ZIP

Date of Birth Home Phone #

Document Type: 2 Supplement Document, 3 Amended Document

REFERENCE NUMBER: 7388385

Please Do Not Write In This Microfilm Space

Local Agency Number

Reference Number Override

Truck & Bus Crash Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Crash.)

When To Use This Section: **Did the crash involve. . .**

Part A

A truck with at least two axles and six tires?	Y N
A truck with a hazardous materials placard?	Y N
A bus designed to carry 16 or more persons, including the driver?	Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Crash Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured?	Y N
Any injured person requiring transport for immediate medical treatment?	Y N
One or more vehicles that had to be towed from the scene as a result of the crash?	Y N
One or more vehicles that required repair or were provided assistance before proceeding from scene under own power?	Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Crash Information Section . . .

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information

Carrier Identification Numbers — Source: Vehicle Side, Shipping Papers, Trip Manifest, Driver, Log Book

US DOT | TN DOS

*Interstate Carrier? Y N | ICC MC

Carrier Name | Carrier Address

Hazardous Material Information

*Hazardous Material Placard Displayed? Y N *Hazardous Cargo was Released? Y N

Class Numbers

UN Numbers

List the Hazardous Material(s) by name in this load:

List the Name(s) of Released Hazardous Material(s):

Vehicle Information

Combined Gross Vehicle Weight Rating | LBS | Total # of Axles

Vehicle Configuration

1 Bus; 2 Single unit truck, 2 axles, 6 tires; 3 Single unit truck 3+ axles; 4 Truck/Trailer; 5 Truck/Tractor; 6 Tractor/Semi-Trailer; 7 Tractor/Doubles; 8 Tractor/Triples; 9 Unknown Heavy Truck

Cargo Body Type

1 Bus; 2 Van/Enclosed box; 3 Cargo Tank; 4 Flatbed; 5 Dump; 6 Concrete Mixer; 7 Auto Transporter; 8 Garbage/Refuse; 9 Other

SEQUENCE OF EVENTS FOR THIS VEHICLE (Mark a total of one to four events in the order that they occurred.)

1 2 3 4 Ran off Road	1 2 3 4 Collision involving motor vehicle in transp.
1 2 3 4 Jackknife	1 2 3 4 Collision involving parked motor vehicle
1 2 3 4 Overturn (Rollover)	1 2 3 4 Collision involving train
1 2 3 4 Downhill Runaway	1 2 3 4 Collision involving pedalcycle
1 2 3 4 Cargo Loss or Shift	1 2 3 4 Collision involving animal
1 2 3 4 Explosion or Fire	1 2 3 4 Collision involving fixed object
1 2 3 4 Separation of Units	1 2 3 4 Collision involving other object
1 2 3 4 Collision involving pedestrian	1 2 3 4 Other

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information

Carrier Identification Numbers — Source: Vehicle Side, Shipping Papers, Trip Manifest, Driver, Log Book

US DOT | TN DOS

*Interstate Carrier? Y N | ICC MC

Carrier Name | Carrier Address

Hazardous Material Information

*Hazardous Material Placard Displayed? Y N *Hazardous Cargo was Released? Y N

Class Numbers

UN Numbers

List the Hazardous Material(s) by name in this load:

List the Name(s) of Released Hazardous Material(s):

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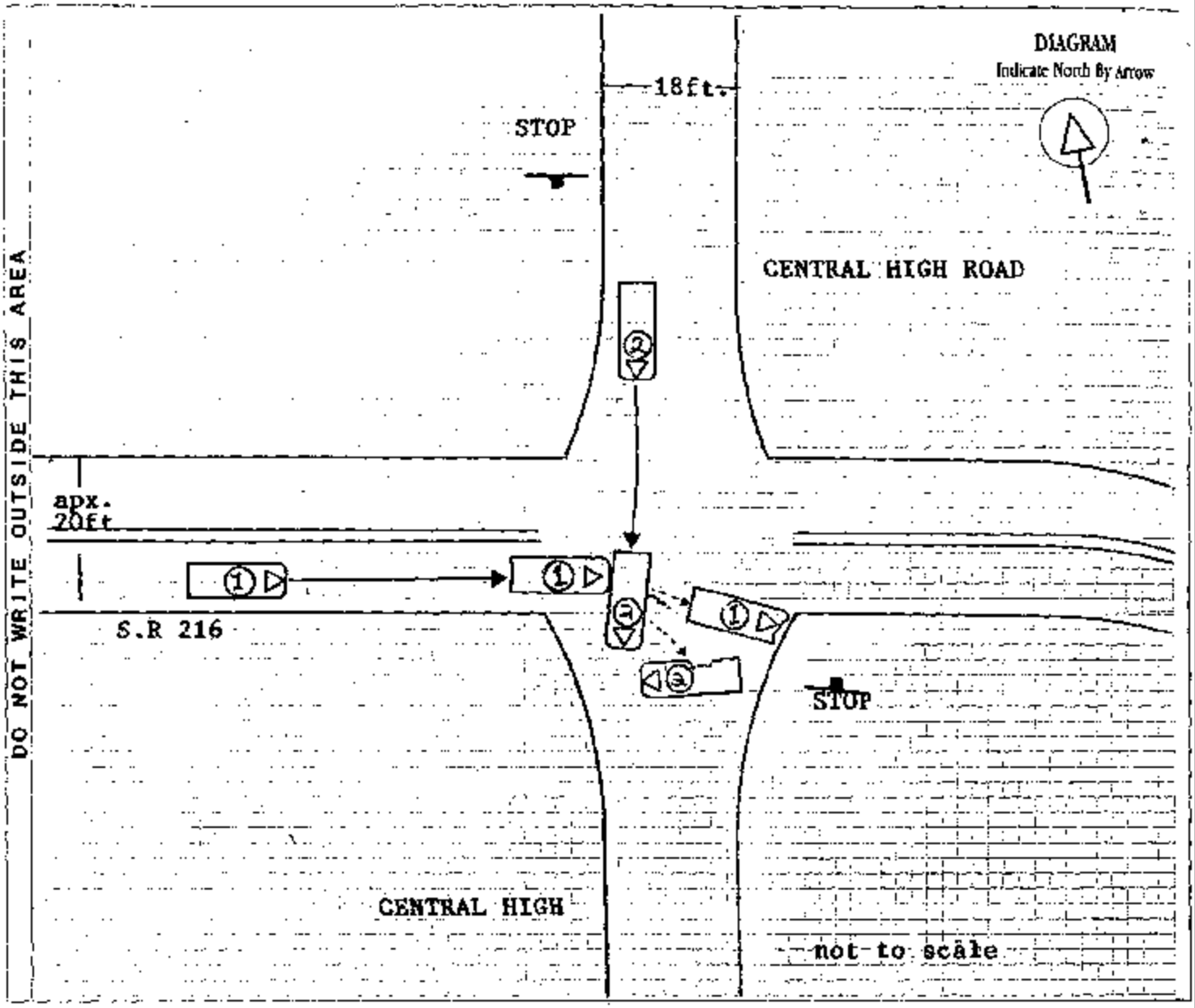
1 2 3 4 Separation of Units	1 2 3 4 Collision involving other object
1 2 3 4 Collision involving pedestrian	1 2 3 4 Other

PLEASE DO NOT WRITE IN THIS AREA

DO NOT WRITE OUTSIDE THIS AREA



Narrative Vehicle # 1 was traveling east on S.R. 216. Vehicle # 2 was traveling south on the Central High road at the intersection with S.R.216. Vehicle # 2 entered onto S.R 216 into the path of Vehicle # 1. Vehicle # 1 struck the right side of Vehicle # 2 just behind the passenger door. Upon impact Vehicle # 2 rotated clockwise traveling approximately 22ft. to rest facing south on Central High road at the southeast corner of the intersection. Vehicle # 1 came to rest approximately 28ft east of the impact area at the extreme southeast edge of the intersection. The area of impact was in the eastbound lane of S.R. 216 indicated by Vehicle # 2's rear tire scuff marks made as it rotated during the crash. Vehicle # 1 did not leave any skidmarks before or after the impact

Investigator's Signature Trp. Carl Gonnett. Date 08-25-2000

Report Reviewed By: SGT. Robert Parker Date 08-28-2000

SF1203

GENERAL MOTORS BUSINESS RESOURCE CENTER

September 11, 2000

[redacted]

RE: File Number: C01387754
Vehicle Identification Number: 1GNDM19W8SB206054

Dear M[redacted]

Thank you for allowing us the opportunity to review the incident with your 1995 Chevrolet Astro. You have expressed your concern, being involved in a collision, in which your airbags did not deploy.

Airbags, in combination with properly worn safety belts, are highly effective lifesaving devices in the types of crashes in which they are designed to deploy. Airbags are designed to deploy in severe frontal or near frontal collisions, involving life-threatening events. We offer this information for you to gain a better understanding on the concept of the airbag system, and the conditions surrounding deployment.

After completing our investigation, General Motors determined your airbag system functioned as designed and therefore General Motors is unable to assume responsibility for damages. We suggest that you resolve this matter through your insurance carrier.

Sincerely,

Johnathan Sanders
Customer Relationship Manager
Product Allegation Resolution Team

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF CONSUMER AFFAIRS
500 JAMES ROBERTSON PKWY, FIFTH FLOOR
NASHVILLE, TENNESSEE 37243-0600
Telephone: 615.741.4737, 1.800.342.8385, Fax 615.532.4994
E-mail: dca@mail.state.tn.us

CONSUMER COMPLAINT QUESTIONNAIRE

[redacted]

Who is your complaint against?
Name of person General Motors
Name of company General Motors Co.
Address P.O. Box 436008
City Pontiac MI.
State MI. Zip 48343-6008
Telephone ( )
E-mail address

County Orion
E-mail address None
Home telephon[redacted]
Work telephone (

Best day and time to contact me Through the week at 536-1020 - from 10:00 till 6:00
Product or service GM agrve Van
Amount involved Don't Know yet Method of payment None so Far
Date of Transaction 8-25/00
Have you contacted the company about your complaint? Yes When? 8/28/00
What action was taken? Nothing
What other agency have you contacted about your complaint? Called Auto line 0 60 min.
What private legal action have you taken? None so Far

What settlement would you consider fair? Let GM Make a Fair offer

Was this product or service advertised? On TV. GM. said There Astro
If so, when and where? Vans Come Equiped with Air bags
and There suppose To work

DESCRIBE YOUR COMPLAINT IN DETAIL. USE CHRONOLOGICAL ORDER (by dates). Attach copies of any papers (receipts, contracts, order blanks, front and back of canceled checks, bank cards statements, etc.). Use the reverse side of this form if you need more space.

Driving down MT pe road a man ran stop sign in cross roads, hit him full force running 45 to 50 mph. dead stop, air bags did not work, Tenn. Highway patrol said to call G.M. which I did several Times (over)

[redacted]

THIS CONSUMER COMPLAINT QUESTIONNAIRE MUST BE <u>COMPLETELY FILLED OUT</u> IN ORDER TO BE PROCESSED. INCOMPLETE FORMS WILL BE RETURNED TO THE CONSUMER. A SIGNATURE IS ALSO <u>REQUIRED</u> BEFORE COMPLAINT CAN BE PROCESSED.

<u>IMPORTANT</u>

If you hire an attorney and/or file a private lawsuit, you have a limited time to sue under the Consumer Protection Act. You have one year from the time you found out about the deceptive act or practice, and no more than four years from the time the deceptive act or practice occurred. Consult your private attorney regarding your legal rights.

The information given in this complaint is true to the best of my knowledge and belief. I authorize the Division of Consumer Affairs to send this complaint form to the company and I understand it may be used in legal proceedings brought under the Tennessee Consumer Protection Act.

Your signature _____ **Date** _____

Optional: *Age __0-17 ___18-40 ✓41-64 ___65 & over (statistical purposes only)*

FOR ADDITIONAL CONSUMER INFORMATION, VISIT THE DIVISION'S INTERNET WEB SITE:
http://www.state.tn.us/consumer

IN-0080 (Rev. 1-00)

They (G.M.) Called me back Several Times.

The last Call they said GM declined comp responcably for air bag not working

GM. also sent one of there own. men from Mich. down To look at Van

He Told me out of his own (Mouth) That He didn't know why the air bag didn't open at such High rate of speed.

the (GM) man I talk To Told me that was not his decision To make that was (GM)