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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

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

FOR AGENCY USE ONLY 100145

Date Received: 05-MAY-2003

Repository ☐

Reference No.: 10018119

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: SPRINGFIELD | State: PA | Zip Code: [redacted]

Daytime Telephone Number: [redacted] | E-mail Address: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a ... name or address to the vehicle manufacturer.

Signature of Owner: [redacted] Date: 6/27/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of ... side
PLEASE FILL IN: 2HGEJ6613Y[redacted]

Make	Model	Model Year
HONDA	CIVIC	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
11-01-2000	Main Line Honda (610) 649-5200	4	unleaded regular

Original Owner	Dealer's City	State	Zip Code
X	Ardmore	PA	19003

Transmission Type			Vehicle Component Code
Auto Matic	☐ Antilock Brakes ☐ Cruise Control	Powertrain: 4 cylinder Front wheel driver	141000 AIR BAGS:FRONTAL
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
07-MAR-2001	7000	35 mph

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: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
X Yes ☐ No	☐ Yes ☒ No	1	0	Yes

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).

WHILE DRIVING AT 35 MPH VEHICLE WAS INVOLVED IN A HEAD ON COLLISTON AND AIRBAGS DID NOT DEPLOY. DEALER NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION. [redacted] PA 7:50 A.M.

Police were asking me "why" my air bag did not deploy. I told them, "I don't know, this is a brand new car." (3) Cervical herniations (3) Lumbar Herniations

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

(XX) REFER TO OVERLAY SHEETS | REPORTABLE ☒ NON - REPORTABLE ☐ | PENNDOT USE ONLY

POLICE INFORMATION

1. INCIDENT NUMBER: [redacted]
2. AGENCY NAME: Sharon Hill Police Department
3. STATION/PRECINCT:
4. PATROL ZONE: 1
5. INVESTIGATOR: George Faulkner — BADGE NUMBER: 6125
6. APPROVED BY: George Faulkner — BADGE NUMBER: 6125
7. INVESTIGATION DATE: 3-7-2001
8. ARRIVAL TIME: 801 AM

ACCIDENT INFORMATION

9. ACCIDENT DATE: 3-7-2001
10. DAY OF WEEK: Wednesday
11. TIME OF DAY: 801 AM
12. NUMBER OF UNITS: 2
13. # KILLED: 0
14. # INJURED: 0
15. PRIV. PROP. ACCIDENT: Y ☐ N ☒
16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE? UNIT 1: Y ☒ N ☐ UNIT 2: Y ☐ N ☒
17. VEHICLE DAMAGE (0 - NONE, 1 - LIGHT, 2 - MODERATE, 3 - SEVERE): UNIT 1: 3 UNIT 2: 3
18. HAZARDOUS MATERIALS: Y ☐ N ☒
19. PENNDOT PROPERTY: Y ☐ N ☒

ACCIDENT LOCATION

20. COUNTY: Delaware — CODE: 23
21. MUNICIPALITY: Sharon Hill — CODE: 423

PRINCIPAL ROADWAY INFORMATION

22. ROUTE NO. OR STREET NAME: Chester Pike
23. SPEED LIMIT: 35 MPH
24. TYPE HIGHWAY: 0
25. ACCESS CONTROL: 1

INTERSECTING ROAD:

26. ROUTE NO. OR STREET NAME: [redacted]
27. SPEED LIMIT: 25 MPH
28. TYPE HIGHWAY: 0
29. ACCESS CONTROL: 1

IF NOT AT INTERSECTION:

30. CROSS STREET OR SEGMENT MARKER:
31. DIRECTION FROM SITE: N S E W
32. DISTANCE FROM SITE: FT. MI.
33. DISTANCE WAS: MEASURED ☐ ESTIMATED ☐
34. CONSTRUCTION ZONE: 0
35. TRAFFIC CONTROL DEVICE: PRINCIPAL: 2 INTERSECTING: 2

UNIT # 1

36. LEGALLY PARKED? Y ☐ N ☐
37. REG. PLATE: [redacted]
38. STATE: MD.
39. PA TITLE OR OUT-OF-STATE VIN: 1N6SD16S6T[redacted]
40. OWNER: [redacted]
41. OWNER ADDRESS: [redacted]
42. CITY, STATE & ZIPCODE: Silver Spring, MD. [redacted]
43. YEAR: 1996
44. MAKE: Nissan
45. MODEL - (NOT BODY TYPE): Club Cab
46. INS. Y ☒ N ☐ UNK ☐
47. BODY TYPE: 50
48. SPECIAL USAGE: 0
49. VEHICLE OWNERSHIP: 10
50. INITIAL IMPACT POINT: 10
51. VEHICLE STATUS: 0
52. TRAVEL SPEED: 99
53. VEHICLE GRADIENT: 1
54. DRIVER PRESENCE: 1
55. DRIVER CONDITION: 1
56. DRIVER NUMBER: [redacted]
57. STATE: PA.
58. DRIVER NAME: [redacted]
59. DRIVER ADDRESS: [redacted]
60. CITY, STATE & ZIPCODE: Fairless Hills, PA. [redacted]
61. SEX: M
62. DATE OF BIRTH: 10-17-1958
63. PHONE: [redacted]
64. COMM. VEH. Y ☐ N ☐
65. DRIVER CLASS: [redacted]
67. CARRIER:
68. CARRIER ADDRESS:
69. CITY, STATE & ZIPCODE:
70. USDOT #:
ICC #:
PUC #:
72. VEH. CONFIG.:
73. CARGO BODY TYPE:
74. GVWR:
75. NO. OF AXLES:
76. HAZARDOUS MATERIALS:
77. RELEASE OF HAZMAT Y ☐ N ☐ UNK ☐

UNIT # 2

36. LEGALLY PARKED? Y ☐ N ☐
37. REG. PLATE: [redacted]
38. STATE: PA.
39. PA TITLE OR OUT-OF-STATE VIN: 540651[redacted]
40. OWNER: [redacted]
41. OWNER ADDRESS: [redacted]
42. CITY, STATE & ZIPCODE: Sharon Hill, PA. [redacted]
43. YEAR: 2000
44. MAKE: Honda
45. MODEL - (NOT BODY TYPE): Civic
46. INS. Y ☒ N ☐ UNK ☐
47. BODY TYPE: 04
48. SPECIAL USAGE: 0
49. VEHICLE OWNERSHIP: 1
50. INITIAL IMPACT POINT: 12
51. VEHICLE STATUS: 0
52. TRAVEL SPEED: 99
53. VEHICLE GRADIENT: 1
54. DRIVER PRESENCE: 1
55. DRIVER CONDITION: 1
56. DRIVER NUMBER: [redacted]
57. STATE: PA.
58. DRIVER NAME:
59. DRIVER ADDRESS:
60. CITY, STATE & ZIPCODE: Sharon Hill, PA. [redacted]
61. SEX: F
62. DATE OF BIRTH: 3-12-1959
63. PHONE: [redacted]
64. COMM. VEH. Y ☐ N ☐
65. DRIVER CLASS: [redacted]
67. CARRIER:
68. CARRIER ADDRESS:
69. CITY, STATE & ZIPCODE:
70. USDOT #:
ICC #:
PUC #:
72. VEH. CONFIG.:
73. CARGO BODY TYPE:
74. GVWR:
75. NO. OF AXLES:
76. HAZARDOUS MATERIALS:
77. RELEASE OF HAZMAT Y ☐ N ☐ UNK ☐

78. RESPONDING EMS AGENCY

INCIDENT #: [redacted]

79. MEDICAL FACILITY

ACCIDENT DATE: 3-7-2001

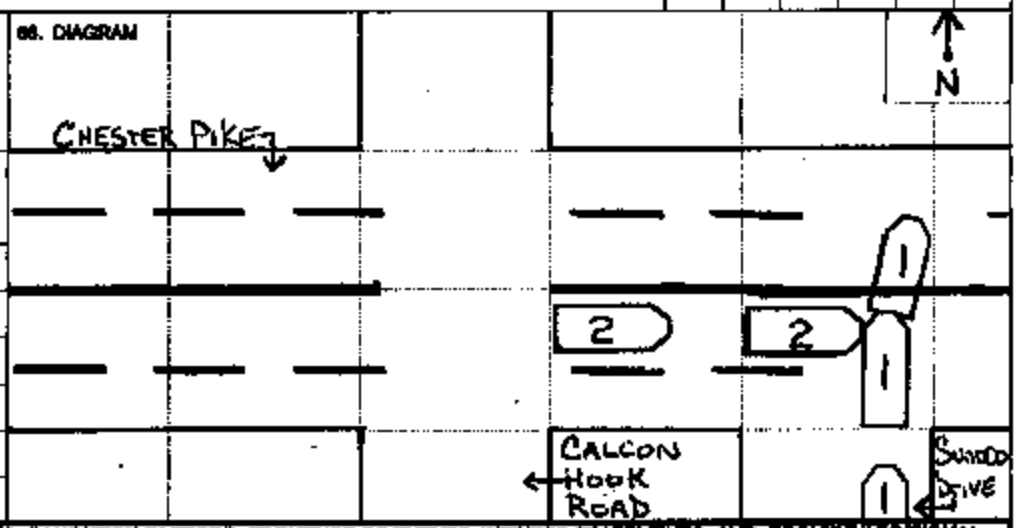
80. PEOPLE INFORMATION

A	B	C	D	E	F	G	NAME	ADDRESS	H	I	J	K	L	M
1	1	M	42	3	1	9	Driver of Unit #1		9	9	5	B	0	0
2	1	F	41	3	1	2	Driver of Unit #2		0	0	0	B	0	0

(81) ILLUMINATION: 2 (82) WEATHER: 0

(83) ROAD SURFACE: 1

86. DIAGRAM



84. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)

85. DESCRIPTION OF DAMAGED PROPERTY

OWNER

ADDRESS

PHONE

87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS, LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.

Vehicle #2 was travelling east on Chester Pike when Vehicle #1 did exit the driveway of the Sunoco gas station right into the path of Vehicle #2 causing Vehicle #2 to impact the driver's side front tire and door area of Vehicle #1. Vehicle #2 did sustain front end damage.

The traffic light for vehicles travelling east and west on Chester Pike at the time of the accident was green.

[redacted]

INSURANCE INFORMATION UNIT 1: [redacted] NO [redacted]

INSURANCE INFORMATION UNIT 2: [redacted] NO [redacted]

88. WITNESSES: NAME / ADDRESS / PHONE

89. VIOLATIONS INDICATED | 90. SECTION NUMBERS (ONLY IF CHARGED) | TC | NTC

UNIT 1

UNIT 2

	91. PROBABLE USE	92. TYPE TEST	93. RESULTS		91. PROBABLE USE	92. TYPE TEST	93. RESULTS		94. INVESTIGATION COMPLETE ?
UNIT 1			0.__ __%	☐ NO TEST ☐ REFUSE ☐ UNK			0.__ __%	☐ NO TEST ☐ REFUSE ☐ UNK	YES ☒ NO ☐
UNIT 2									