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 100161

Date Received	Repository ☐
08-JUN-2003 2003 JUN 11 A 10:14	Reference No. 10022598

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City FREDERIKSTED	State VI	Zip Code [redacted]	Evening Telephone Number

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 _____ Date __/__/__

VEHICLE INFORMATION

[redacted]	Make: JEEP	Model: CHEROKEE	Model Year: 2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
19-JUL-01	Caribbean Auto Mart			6	Regular 87 octane
Original Owner ☒	Dealer's City: St Croix V.I.	State: V.I.	Zip Code: 00851		

Transmission Type			Vehicle Component Code
Automatic	☒ Antilock Brakes ☐ Cruise Control	Powertrain	030000 SERVICE BRAKES, HYDRAULIC Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-JUN-2003	12,895		

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: DOTNAL9ABC036)	☐ 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
☒ Yes ☐ No	☐ Yes ☒ No			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).

ON THE WAY TO THE DEALERSHIP BRAKES FAILED AND VEHICLE HIT THE REAR OF ANOTHER VEHICLE. *AK

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Brake Failure The Brakes Were checked on 1/4/03 See Attached 3 for maintence. On 1/6/03 engine light came on again on 1/6/03. Accidently pressed the brakes the Temp Did not change hit into another vehicle in front of me. Took the Temp to a Dealer who found the Brakes Bad. The Dealer changed Rotors Etc. See attached

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
Office of Defects Investigation, NVS-216
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

TERRITORIAL COURT OF THE VIRGIN ISLANDS

Division of:

TRAFFIC ☐ St. Thomas & St. John ☑ St. Croix

476951 A PS☑ NPS☐ CASE NO. 23k104347

THE UNDERSIGNED SOLEMNLY STATES THAT

On the 10 day of Nov 03 at 0953

Name [redacted]

Address [redacted]

Birth date [redacted] Sex F SS No. [redacted]

Driver's License No. [redacted] Did unlawfully (park)

(operate)

Motor Vehicle (Reg. No.) [redacted] State VI

Make Jeep Year ____ Body Type Hardtop Green

upon a public highway, namely at (Location) Northside Rd

VC Kingshill Post Office

Did then and there commit the following offense(s):

SPEEDING ☐ ____ m.p.h. in ____ m.p.h. zone

☐ RECKLESS ☐ NEGLIGENT (DRIVING):

Failure to Maintain Proper

Distance Between Vehicles

OTHER VIOLATIONS: ____

PARKING: ☐ Overtime ☐ Prohibited Area

☐ Other Parking Violation ____

You are notified that the undersigned will file a complaint in this Court charging you with the offense s[redacted]

WITNESSES: [redacted]

Signature and Identification Number of other complainant

Sworn to before me this ____ day of ____

NOTICE TO VIOLATOR: Read the back of this Summons carefully.

Bring Summons with you.

Court Appearance: 10 day of Nov 03 at 9 AM

Address of Court: Kingshill

Conditions							
Road Surface	☐ Dry ☑ Wet	Area	☑ Business ☐ Industrial ☐ School ☐ Residential ☐ Rural	Visibility	☐ Clear ☑ Rain		
Traffic	☐ Light ☑ Medium ☐ Heavy			Damage	☐ Property Damage ☐ Personal Injury		

SUMMONS

PRINTED BY ABS PRINTING 775-8070

Government of the Virgin Islands of the United States

Form Approved February 1978

UNIFORM TRAFFIC ACCIDENT REPORT

NUMBER 03A-0434

DATE MO.	DAY	YR.	DAY OF WEEK SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	TIME OF DAY (0001 TO 2400 HRS)
06	26	03						✓		0953hrs

RESPONSE TIMES (0001 TO 2400 HRS)

POLICE DISPATCHED: 0955

POLICE ARRIVED: 1011

AMBULANCE ARRIVED: /

TRAFFIC FLOW RESTORED: /

ON Northside Rd/Veterans Dr

AT Kingshill Post Office — ROAD OR STREET

ON BETWEEN _____ ROAD OR STREET

AND _____ ROAD OR STREET

_____ FEET _____ METERS N S E W OF Route 75 ROAD OR STREET

AT KILOMETER POST NUMBER _____

OR BETWEEN Km POSTS _____ AND _____

ACCIDENT LOCATION:

1. ☐ CHRISTIANSTED – IN TOWN
2. ☐ FREDERIKSTED – IN TOWN
3. ☒ ST. CROIX – NOT IN TOWN
4. ☐ CRUZ BAY – IN TOWN
5. ☐ ST. JOHN – NOT IN TOWN
6. ☐ CHARLOTTE AMALIE – IN TOWN
7. ☐ ST. THOMAS – NOT IN TOWN

COLLISIONS INVOLVED: TOTAL NO. OF VEHICLES 2

1 VEHICLE-VEHICLE; 2 VEHICLE-OBJECT; 3 VEHICLE-PEDESTRIAN; 4 VEHICLE-BICYCLE; 5 VEHICLE-ANIMAL; 6 NON-COLLISION; 8 HIT & RUN; 7 STOLEN VEHICLE; 8 HAZARDOUS MATERIAL; 9 OTHER (NOTE)

SEVERITY: NO. KILLED 0; NO. INJURED 0; DAMAGE ONLY ✓

OBJECT OF ANIMAL STRUCK N/A — LOCATION OF OBJECT OR ANIMAL N E S W — OR ROAD SIDE

DRIVER NO. 1

[redacted] — MIDDLE

ADDRESS: Estate Sion Farm — PHONE NO.

[redacted] — STATE VI — DATE OF BIRTH [redacted]

LICENSE NO. [redacted] — REGULAR ☐

DRIVER'S INJURY: 1 INJURY CLASS — 1 SEATBELT — 1 EJECTION

NATURE OF INJURIES: N/A

REMOVED FROM SCENE BY: — TO

VEHICLE NO. 1: YEAR 01 — MAKE Jeep — MODEL Cher — BODY STYLE 4DR

COLOR Tan — REGISTRATION NO. 05S-765 — STATE VI — TRAILER PLATE NO. — STATE

VEHICLE IDENTIFICATION NUMBER 1J4FF48S21L618115 — ODOMETER Not rec

[redacted]

NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT: Allstate Insurance

CHARGE: Reckless Driving — CITATION NUMBER 4976957A

DRIVER NO. 2

[redacted] — MIDDLE

ADDRESS: [redacted] — PHONE NO.

[redacted] — STATE VI — DATE OF BIRTH [redacted]

LICENSE NO. [redacted] — REGULAR ☐

DRIVER'S INJURY: 1 INJURY CLASS — 1 SEATBELT — 1 EJECTION

NATURE OF INJURIES: N/A

REMOVED FROM SCENE BY: — TO

VEHICLE NO. 2: YEAR 97 — MAKE Nis — MODEL Max — BODY STYLE 4DR

COLOR Wht — REGISTRATION NO. 08A-718 — STATE VI — TRAILER PLATE NO. — STATE

VEHICLE IDENTIFICATION NUMBER JN1CA21A7VU021747 — ODOMETER Not rec

REGISTERED OWNER – LAST: Torres Apolinario — FIRST — MIDDLE

ADDRESS OF OWNER: 217 Concordia Estate

NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT: Golden Rock Insurance

CHARGE — CITATION NUMBER

NAME, ADDRESS AND NATURE OF OTHER PERSONS INVOLVED (NOT AS VEHICLE DRIVERS)

CODES Veh.	Per.	# Name	Veh. No.	Seat Pos.	Inj. Class	Seat Belt	Ejection

NAME:
ADDRESS:
NATURE OF INJURIES: — REMOVED FROM SCENE BY: — TO

N/A

RECEIVED JUN 3 2003 BY:

NAME:
ADDRESS:
NATURE OF INJURIES: — REMOVED FROM SCENE BY: — TO

NAME:
ADDRESS:
NATURE OF INJURIES: — REMOVED FROM SCENE BY: — TO

- INJURY CLASS: 1. NO INJURY; 2. DEAD AT SCENE; 3. DEAD ON ARRIVAL; 4. DIED IN HOSPITAL; 5. DISABLING INJURY; 6. NON-DISABLING (EVIDENT) INJURY; 7. POSSIBLE INJURY; 8. UNKNOWN IF INJURED
- SEAT BELT: 1. NOT INSTALLED; 2. NOT IN USE; 3. USED; 4. UNKNOWN; 5. SEAT BELT FAILURE
- EJECTION: 1. NOT EJECTED; 2. TOTALLY EJECTED; 3. PARTIALLY EJECTED; 4. UNKNOWN IF EJECTED
- STATUS: 1. PASSENGER; 2. PEDESTRIAN; 3. BICYCLIST
- SEAT POSITION: 1 2 3 / 4 5 6; 7. OTHER POSITION (MOTORCYCLE); 8. POSITION UNKNOWN

VEHICLE DAMAGE INSTRUCTIONS:

1. IN EACH BOX, CIRCLE THE NUMBER OF EACH DAMAGED AREA.
2. SHADE AREA OF SEVEREST IMPACT.
3. DRAW ARROW TO SHOW PRINCIPAL DIRECTION OF FORCE.

EXAMPLE

DAMAGED VEHICLE #1 — 01 FRONT, 02, 03, 04, 05, 06 REAR, 07, 08, 09, 10, 11, 12; 13. Hood, 14. Roof, 15. Trunk, 16. Undercarriage, 17. Overturn

(USE THIS SPACE FOR SKETCHING DAMAGE TO TRAILERS, MOTORCYCLES, ETC.)

N/A

DAMAGED VEHICLE #2 — 01 FRONT, 02, 03, 04, 05, 06 REAR, 07, 08, 09, 10, 11, 12; 13. Hood, 14. Roof, 15. Trunk, 16. Undercarriage, 17. Overturn

SEVERITY OF DAMAGE: VEHICLE #1	SEVERITY OF DAMAGE: OTHER VEHICLE	SEVERITY OF DAMAGE: VEHICLE #2
1 ☐ DISABLING DAMAGE 3 ☐ OTHER M.V. DAMAGE 2 ☑ FUNCTIONAL DAMAGE 4 ☐ NO DAMAGE	1 ☐ DISABLING DAMAGE 3 ☐ OTHER M.V. DAMAGE 2 ☐ FUNCTIONAL DAMAGE 4 ☐ NO DAMAGE (N/A)	1 ☐ DISABLING DAMAGE 3 ☐ OTHER M.V. DAMAGE 2 ☑ FUNCTIONAL DAMAGE 4 ☐ NO DAMAGE
TOWED BY N/A TO — EST. DAMAGE $	TOWED BY TO — EST. DAMAGE $	TOWED BY N/A TO — EST. DAMAGE $

Diagram of collision

1. IDENTIFY:
   - ROADWAY & ROADWAY FEATURES
   - VEHICLES
   - PEDESTRIANS
   - OBJECTS ON/OFF ROADWAY
   - TRAFFIC CONTROLS
   - SIDEWALKS
   - UNUSUAL CONDITIONS: CONSTRUCTION AREAS, OIL, ETC.
2. LOCATE PROBABLE POINT OF IMPACT
3. SHOW VEHICLE, PEDESTRIAN OR OBJECT POSITIONS AT IMPACT
4. SHOW PROBABLE VEHICLE OR PEDESTRIAN PATHS BEFORE AND AFTER COLLISION

DRAW ARROW INDICATING NORTH IN CIRCLE

See Narrative

Description of collision

INDICATE WHAT PROBABLY HAPPENED BEFORE, DURING AND AFTER THE CRASH. INCLUDE INFORMATION NOT ON DIAGRAM, E.G. DRIVER DISABILITY, REDUCED VISIBILITY, PEDESTRIAN CLOTHING COLOR, CONSTRUCTION OR REPAIR WORK, ETC.

On 06/06/03 [illegible] were [illegible] ... D-1 [illegible] was traveling Northward on Northside Road [illegible] ... [illegible] Northward and in the vicinity of the Post Office [illegible] ... [illegible]

POSITION BEFORE COLLISION							
VEH. NO.	HEADED N S E W	SIG. DIRECTION	ON STREET OR ROAD NAME	NO. OF LANES IN ONE DIRECTION	SPEED LIMIT	VEHICLE SPEED	IF PARKED, WAS VEHICLE OCCUPIED
1	☑ N	N/A	Northside Rd Vic. Kingshill Post Office	1	35 MPH		
2	☑ N			1	35 MPH		
PED.	N/A	Along N/A	or Crossing (Street or Highway)			From N.E. Corner to S.E. Corner	N/A

PEDESTRIAN WALKING: 1 ☐ SIDEWALK 2 ☐ WALKWAY 3 ☐ SHOULDER 4 ☐ TRAFFIC LANE 5 ☐ MARKED CROSSWALK 6 ☐ UNMARKED CROSSWALK 7 ☐ OTHER

ROAD SURFACE (CHECK ONE): 1 ☐ DRY 2 ☑ WET 3 ☐ OIL 4 ☐ LOOSE MATERIAL

WEATHER (CHECK ONE): ☑ CLEAR ☑ RAINING ☐ FOG ☐ OTHER (Specify)

LIGHT CONDITIONS (CHECK ONE): 1 ☑ DAYLIGHT 2 ☐ DAWN 3 ☐ DUSK 4 ☐ DARK-STREET LIGHTS ON 5 ☐ DARK-STREET LIGHTS OFF 6 ☐ DARK-NO STREET LIGHTS 7 ☐ Other (Specify)

CONTRIBUTING CIRCUMSTANCES

DRIVER NO. (CHECK ONE OR MORE) 1 2:
- 01 ☐☐ UNDER INFLUENCE OF ALCOHOL
- 02 ☐☐ UNDER INFLUENCE OF DRUGS
- 03 ☐☐ EXCEEDED STATED SPEED LIMIT
- 04 ☐☐ EXCEEDING REASONABLE SAFE SPEED
- 05 ☐☐ DID NOT GRANT R/W TO VEHICLE
- 06 ☐☐ IMPROPER PASSING
- 07 ☐☐ FOLLOWING TOO CLOSELY
- 08 ☐☐ OVER CENTER LINE
- 09 ☐☐ FAILING TO SIGNAL
- 10 ☐☐ IMPROPER TURNING
- 11 ☐☐ DISREGARDED STOP & GO LIGHTS
- 12 ☐☐ DISREGARDED STOP SIGN/SIGNAL
- 13 ☐☐ ANIMAL IN ROAD
- 14 ☐☐ DISREGARDED WARNING SIGN/SIGNAL
- 15 ☐☐ APPARENTLY ASLEEP
- 16 ☐☐ IMPROPER PARKING LOCATION
- 17 ☐☐ OPERATING DEFECTIVE EQUIPMENT
- 18 ☐☐ IMPROPER BACKING
- 19 ☐☑ NO VIOLATION
- 20 ☐☐ Other (Specify)

TRAFFIC CONTROL — VEHICLE NO. (CHECK ONE) 1 2:
1 ☐☐ SIGNALS; 2 ☐☐ STOP SIGN; 3 ☐☐ YIELD SIGN; 4 ☐☐ FLASHING RED SIGNALS; 5 ☐☐ FLASHING YELLOW BEACONS; 6 ☐☐ OFFICER/FLAGMAN; 7 ☐☐ Other (Specify)

TRAFFIC OPERATIONS (CHECK ONE):
1 ☐ NONINTERSECTION; 2 ☑ INTERSECTION; 3 ☐ PRIVATE ENTRANCE; 4 ☐ ONE-WAY ROADWAY; 5 ☐ TWO-WAY ROADWAY; 6 ☐ DIVIDED ROADWAY; 7 ☐ UNDIVIDED ROADWAY

VEHICLE CONDITION — VEHICLE NO. (CHECK ONE OR MORE) 1 2:
1 ☐☐ DEFECTIVE BRAKES; 2 ☐☐ DEFECTIVE HEAD LIGHTS; 3 ☐☐ DEFECTIVE REAR LIGHTS; 4 ☐☐ TIRES WORN OR SMOOTH; 5 ☐☐ TIRES PUNCTURED OR BLOWN; 6 ☐☐ DEFECTIVE STEERING; 7 ☐☐ Other (Specify)

SOBRIETY — DRIVER NO. (CHECK ONE) 1 2 or Pedestrian:
1 ☐☐ HBD ABILITY IMPAIRED; 2 ☐☐ HBD ABILITY NOT IMPAIRED; 3 ☐☐ HBD SOBRIETY UNKNOWN; 4 ☐☐ HAD NOT BEEN DRINKING

DRIVER NO. 1 2 or Pedestrian — CHEM. TEST: 1 ☐☐ TEST GIVEN; 2 ☐☐ TEST REFUSED; % % TEST RESULTS

INVESTIGATING OFFICER'S NAME & RANK	BADGE NO.	AGENCY	UNIT	DATE OF REPORT	APPROVED BY	DATE
[illegible signature] Pgr.	506	Traffic	44	06/06/03	[signature]	6 Jun 03
INVESTIGATING OFFICER'S NAME & RANK	BADGE NO.	AGENCY	UNIT	DATE ENTRY DATE		

NARRATIVE: The Post Office V-1 collided with his vehicle, investigation disclosed that the road width is measured at 22'3" that the point of impact could not be determined.

D-1 was issued a citation for Negligent Driving failure to Maintain Proper Control of Vehicle thereby caused an accident # 47695A.

Damage to V-1 minor to front bumper.
Damage to V-2 moderate to rear bumper.

Level X request Case Cannot Closed at this

[redacted]

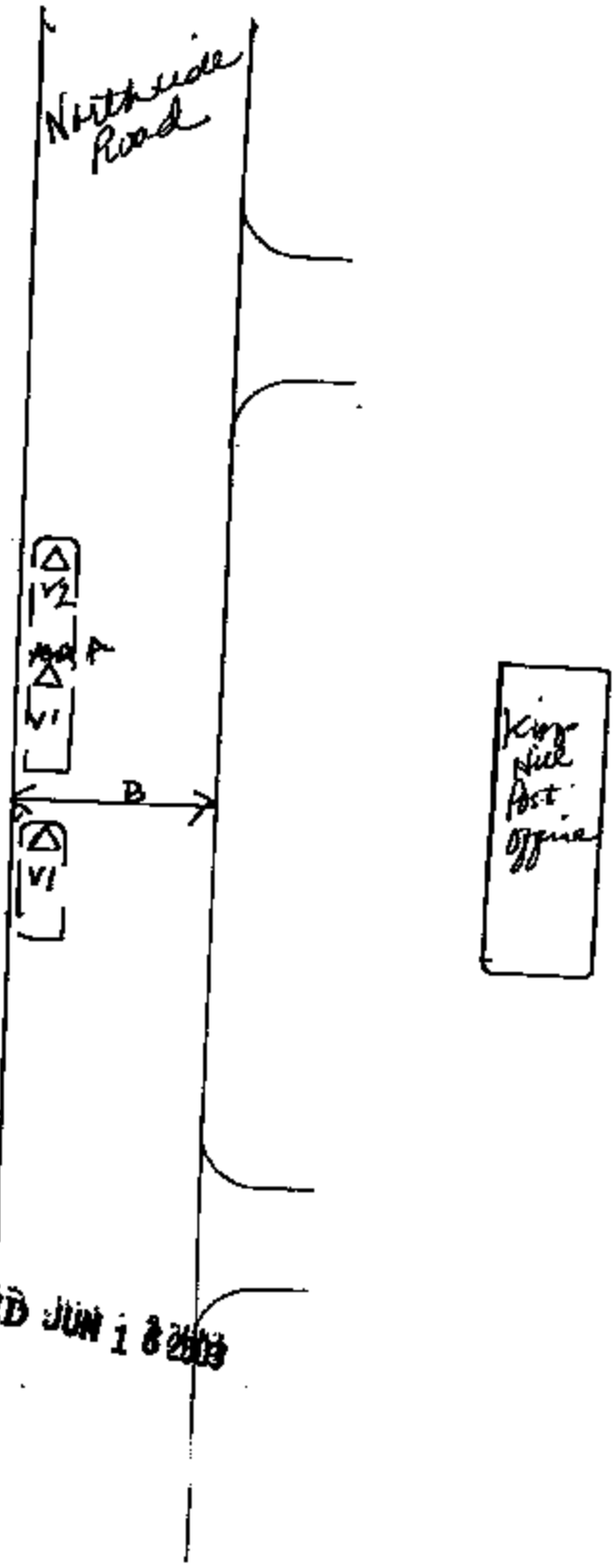
RECEIVED JUN 1 0 2003

B393

03A10434

[redacted]

N



Legend
Probable Path of Travel
Road width 25'

AUTHORIZATION TO HOLD VEHICLE AS SECURITY DEPOSIT

1. The undersigned certifies that the undersigned is the owner of the below described vehicle, or is authorized by the owner of the vehicle to sign this Authorization to Hold Vehicle as Security Deposit.

   Vehicle Model: Jeep Cherokee
   Year: 2001
   Vin#:
   Virgin Island License Plate No:

2. Caribbean Auto Mart St. Croix, Inc. is repairing the above described vehicle, (the "vehicle")

3. The undersigned has not provided a cash or credit card security deposit as is required by Centerline Car Rentals, Inc.

4. In lieu of a cash or card security deposit, I hereby pledge the vehicle as security deposit for all obligations due by me to Centerline Car Rentals, Inc. I authorize Caribbean Auto Mart St. Croix, Inc. to hold the vehicle until all obligations owed by me to Centerline Car Rentals, Inc are fulfilled.

5. Insurance Information:

   Name of insurance company: Guardian Ins.
   Policy No.
   Company address: Sunshine Mall
   Company phone number: 692-6600
   Contact person:

Date: 6-6-03

Signature:

Printed Name:

Witness:

I Did Not Take this Rental

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).