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 ☐
10-JUN-2003	Reference No. 10022784
2003 JUL 11 AM 9:42	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City NEW ROCHELLE	State NY	Zip Code [redacted]	Evening 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 6/17/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
3VWBB61C0WM[redacted]	VOLKSWAGEN	BEETLE	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders 4	Fuel Type:
	City Line Volkswagen				2.0
Original Owner ☒	Dealer's City Bronx N.Y.	State N.Y.	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
4 Speed Automatic	☒ Antilock Brakes ☒ Cruise Control	4 Speed Automatic	141000 AIR BAGS:FRONTAL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-MAY-2003	35,201	30mph	

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: DOTMA1SABC036)	☐ 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	2		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).

VEHICLE WAS INVOLVED IN A FRONT COLLISION ON 5/20/2003 AND AIR BAGS DID NOT DEPLOY.*AK

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

of 2 Pages

New York State Department of Motor Vehicles

WEST POLICE ACCIDENT REPORT

MV-104A(7/98)

DMV USE 18244

Changed Report

Local Codes: 03018244

Accident Date	Day of Week	Time	No. of Vehicles	No. Injured	No. Killed	Non Highway	Not Investigated	Accident Reconstructed	Left Scene	Police Photos
05/20/2003	TU	08:23	2	3	0	☐	☐	☐	☐	☐ Yes ☐ No

VEHICLE 1

[redacted]

Address (Include Number & Street): [redacted] Apt. No.:

City or Town: YONKERS State: NY Zip Code: [redacted]

Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property Damaged	State of Lic.
04/09/1969	M	☐	1	☐	NY

Name - exactly as printed on registration: [redacted] Date of Birth: 07/21/1973

Address (Include Number & Street): [redacted] Apt. No.: Haz. Code Released Haz. ☐

City or Town: YONKERS State: NY Zip Code: [redacted]

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
[redacted]	NY	2000 DODGE	SW	257

Check if involved vehicle is:
- ☐ more than 96 inches wide;
- ☐ more than 34 feet long;
- ☐ operated with an overweight permit;
- ☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

	1	2
Box 1 - Point of Impact		
Box 2 - Most Damage	5	17

Enter up to three more Damage Codes: 3: ; 4: ; 5:

Vehicle Towed: By SAFEWAY TOWING To SAFEWAY TOWING

VEHICLE 2

[redacted] ☐ BICYCLIST ☐ PEDESTRIAN

Address (Include Number & Street): [redacted] Apt. No.:

City or Town: NEW ROCHELLE State: NY Zip Code: [redacted]

Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property Damaged	State of Lic.
03/31/1967	F	☐	2	☐	NY

Name - exactly as printed on registration: [redacted] Date of Birth: 03/31/1967

Address (Include Number & Street): [redacted] Apt. No.: Haz. Code Released Haz. ☐

City or Town: NEW ROCHELLE State: NY Zip Code: [redacted]

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
[redacted]	NY	1998 VOLKS	2DS	011

Check if involved vehicle is:
- ☐ more than 96 inches wide;
- ☐ more than 34 feet long;
- ☐ operated with an overweight permit;
- ☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

	1	2
Box 1 - Point of Impact	2	2
Box 2 - Most Damage		

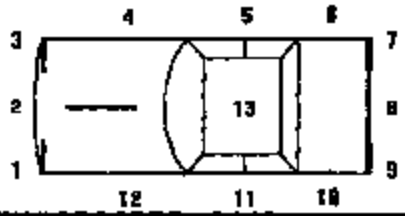
Enter up to three more Damage Codes: 3: 3; 4: 1; 5:

Vehicle Towed: By SAFEWAY TOWING To SAFEWAY TOWING

ACCIDENT DIAGRAM

Rear End 1. | Left Turn 3. | Right Angle 4. | Right Turn 5. | Head On 7.
Overtaking 2. | Left Turn 6. | | Right Turn 8. | Sideswipe 9.

VEHICLE DAMAGE CODING:
1-13. See diagram on right
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Estimated cost of repairs to any one vehicle meets criteria for "reportable" threshold. ☒ Yes ☐ No

Reference Marker:

DMV USE ONLY:

County: WESTCHESTER ☒ City ☐ Village ☐ Town: NEW ROCHELLE

Route/No. or Street Name: on LINCOLN AV

☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W ☒ At Intersection with

TICKET/ARREST ☐ OPR 1 ☐ OPR 2 ☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER (Nearest Intersecting Route/Street): MEMORIAL HWY

Ticket/Arrest Number(s): ( ) ( ) ( ) ( )

Violation Section(s): ( ) ( ) ( ) ( )

Accident Description/Officer's Notes:

Please see attached.

ALL INVOLVED — USE COVER SHEET

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names - If Deceased, Give Date of Death
A	1	1	4	1	34	M	7	9	6	15145	5923	[redacted]
B	2	1	4	1	36	F	7	12	6	15143	5923	
C	2	3	4	1	8	U	5	12	6	15143	5923	
D												
E												
F												
G												

SIGN HERE

Officer's Rank and Name: POLICE OFFICER EDWARD F. SILVER JR

Badge/ID No.	Department	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
6932	05904	300	SEC.4		

New York State Department of Motor Vehicles

WEST POLICE ACCIDENT REPORT

MV-104A(7/96)

DMV USE

03018244

Accident Date	Day of Week	Time	No. of Vehicles	No. Injured	No. Killed	Non-Highway	Not Investigated / Accident Reconstructed	Left Scene	Police Photos
05/20/2003	TU	08:23	2	3	0	☐	☐ / ☐	☐	☐ Yes ☐ No

Accident Description/Officer's Notes

0823 hrs, I was detailed to Lincoln Avenue and Memorial Highway, RE: auto accident with one car rolled over. On the scene were Commissioner Carroll, Sgt. Wilson, Det. Reynolds, Det. Waters, PO Donald Brown, PO Vasquez, PO Martinez, PO Silverman, New Rochelle Fire Department trucks 11,13,21 and Rescue 4. Two ambulances responded for transport of injured persons. I observed one vehicle in the intersection with front end damage, both occupants in vehicle complaining of chest and shoulder pain. The other vehicle resting on the drivers side with one occupant inside complaining of shoulder pain. Fire Department extricated occupant of vehicle #1. All persons taken to the Sound Shore Medical Center Emergency Room.

Two witnesses were located at the scene. Naeem Taylor (914) 712-0001, stated that he was in the right lane with vehicle #2 in the middle lane and they had a green light. Mr. Taylor stated that vehicle #1 passed through the red light on Lincoln Avenue. Mr. Taylor ran over to see if anyone was injured.

Lester Mozoub (718) 562-1301, stated that he was in the middle lane behind vehicle #2 when the accident occurred. Mr. Mozoub stated that he and vehicle #2 had a green light as they approached the intersection of Lincoln Avenue and Memorial Hwy. Mr. Mozoub stated that vehicle #1 passed the red light at the intersection of Lincoln Avenue Memorial Hwy.

Safeway Towing responded to remove both vehicles from the scene. Streets and Highways responded to clean the roadway.

I spoke with operator #2 at the Emergency Room with PO Silverman. Operator #1 stated that she was in the right lane on Memorial Hwy (Northbound) and was planning to make a right turn onto Lincoln Avenue when the accident occurred. Operator #2 stated there was a van in the left lane blocking her view of Lincoln Avenue traffic and she never saw vehicle #1 until it was right in front of her. The air bags in vehicle #2 did not deploy. Passenger in vehicle #2 (daughter of driver) was complaining of chest pain.

I spoke with operator #1 who stated that he was going straight ahead on Lincoln Avenue (Eastbound) when the accident occurred. Operator #1 stated that he had a green light on Lincoln Avenue and the light was not changing. Operator #2 was complaining of pain to his left shoulder. Vehicle #1 was resting on its drivers side and was cut by the Fire Department to extricate the occupant.

All information valid through the DMV computer VAC's issued to both drivers at the Emergency Room.

SIGN HERE	Officer's Rank and Name	Badge/ID No.	Department	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
	P.O. Edward Silverman JR. POLICE OFFICER EDWARD F. SILVERMAN JR.	6932	05904	300	SEC.4		

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

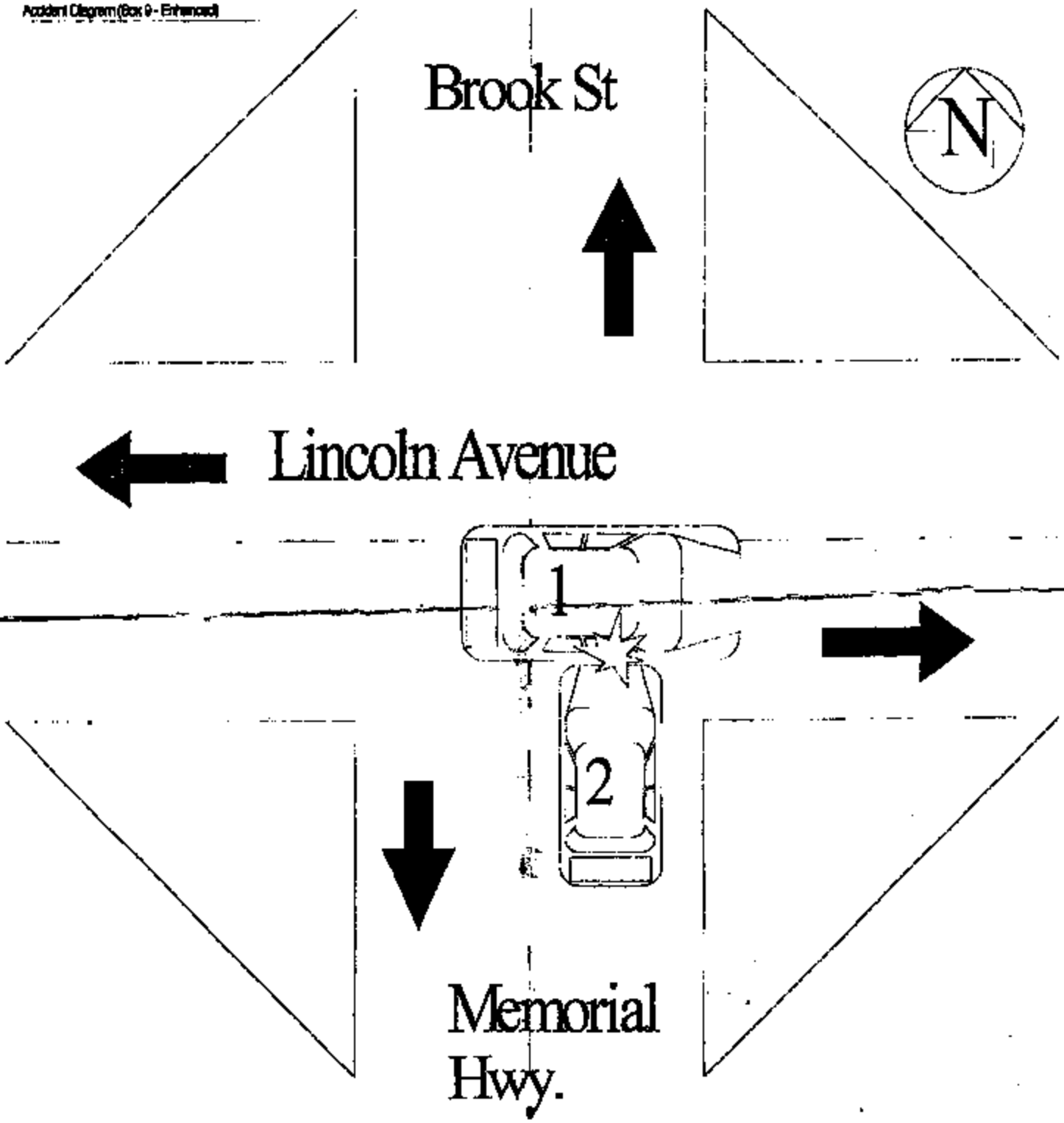
MV-104A(7/96)

DMV USE

09018244

Accident Date	Day of Week	Time	No. of Vehicles	No. Injured	No. Killed	Non Highway ☐	Not Investigated at Scene ☐	Left Scene ☐	Police Photos ☐ Yes ☐ No
5/20/2003	TU	08:23	2	3	0	☐	☐	☐	☐ Yes ☐ No

Accident Diagram (Box 9 - Enhanced)



SIGN HERE	Officer's Rank and Name	Badge No.	Command	Precinct/Post Telephone	Station/Beat/Sector	Reviewing Officer	Date Time Reviewed
	P.O. Edward [illegible]						