



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

2003 JUN 1 AM

Repository

Sequence No.  
10024473

**OWNER INFORMATION (Type or Print)**

Name

Address

City ALBURN

State NY

Zip Code

Daytime Telephone Number

E-mail Address

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  provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 6/17/03

**VEHICLE INFORMATION**

1. Describe the location of the defect in terms of location on vehicle (e.g., driver's side)

Make

JEEP  
2004

Model

GRAND CHEROKEE

Model Year

2004

Date Purchased  
23-MAY-03

Dealer's Name and Telephone Number

FOX C.P.O.

Engine:  
No. Cylinders

6

Fuel Type:

695

Original Owner

Dealer's City

ALBURN

State

NY

Zip Code

13024

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: 1

**FAILED COMPONENT(S) / PART(S) INFORMATION**

Incident Date(s)  
12-JUN-2003

Failure Mileage

504

Failure Speed

504

**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: DOTM19ABC036)

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, failure(s), crash(es), and injury(ies).)

Crash

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

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 (e.g., parts repaired or replaced (and if old part is available)).

ON 6/12/2003 DRIVER WAS BACKING OUT OF THE GARAGE AND PUT THE VEHICLE INTO PARK, DRIVER GOT OUT OF THE VEHICLE, AND WITHIN SECONDS VEHICLE ACCELERATED AND HIT THE GARAGE. WHEN RETURNING TO THE VEHICLE, IT WAS IN DRIVE. \*AK WALKING FRONT OF VEHICLE AND IT ALMOST RAN OVER ME. I HEARD A LOUD CLUNK AND JEEP WAS COMMING AFTER ME. MY NEIGHBOR ALSO HEARD CLUNK AND SAW WHAT HAPPENING

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1976 (Public Law 94-579) provides that information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should be taken appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**

MV-104A (7/01)

DUPLICATE COPY

Auburn Police Dept

Local Codes

03-09351

AMENDED REPORT

19  
60

Accident Date Month <u>06</u> Day <u>12</u> Year <u>03</u>	Day of Week <u>THURS</u>	Military Time <u>1259</u>	No. of Vehicles <u>1</u>	No. Injured <u>1</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Last Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
Accident Reconstructed <input type="checkbox"/>						Yes <input type="checkbox"/> No <input type="checkbox"/>		20

VEHICLE 1		<input type="checkbox"/> VEHICLE 2	<input type="checkbox"/> BICYCLIST	<input checked="" type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN
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VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.
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Driver Name - exactly as printed on license <u>PARKED</u>	Driver Name - exactly as printed on license
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Address (Include Number & Street)	City or Town	State	Zip Code
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Date of Birth Month <u>05</u> Day <u>23</u> Year <u>42</u>	Sex <u>F</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	Public Property Damaged <input type="checkbox"/>
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Name - exactly as printed on registration	Sex	Date of Birth Month <u>05</u> Day <u>23</u> Year <u>42</u>	No. of Occupants	Public Property Damaged <input type="checkbox"/>
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Address (Include Number & Street)	City or Town	State	Zip Code
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Plate Number <u>PAT 10</u>	State of Reg. <u>NY</u>	Vehicle Year & Make <u>04 Jeep</u>	Vehicle Type <u>SUV</u>	Ins. Code <u>231</u>
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Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
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Violation Section(s)	Violation Section(s)
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Check if involved vehicle is: <input type="checkbox"/> more than 82 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
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VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDENT DIAGRAM
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Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more Damage Codes
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Vehicle Towed: To <u>N/A</u>	Vehicle Towed: To
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VEHICLE DAMAGE CODING:  
 1-13. SEE DIAGRAM ON RIGHT.  
 14. UNDERCARRIAGE 17. DEMOLISHED  
 15. TRAILER 18. NO DAMAGE  
 16. OVERTURNED 19. OTHER

Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County <u>CAYUGA</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>AUBURN</u>
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Road on which accident occurred <u>DRIVEWAY OF 23 CRESCENT AVE</u>	at 1) intersecting street	at 2) <u>ON 06 DE 06 DW</u> of <u>(Report, nearest intersecting route number or street name)</u>
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Accident Description/Officer's Notes  
STATED THAT SHE BACKED OUT OF HER GARAGE AND STOPPED. STATED THAT HER GARAGE DOOR WOULDN'T CLOSE BECAUSE SOMETHING WAS IN THE WAY. STATED THAT SHE PLACED HER VEHICLE IN PARK AND THAT IT WAS IDLING HIGH. GOT OUT OF THE VEHICLE TO MAKE THE ADJUST. STATED THAT THE VEHICLE JUMPED INTO GEAR. THE VEHICLE STUCK AND THREW

Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Reference Marker	Coordinates (if available) Longitude/Easting	Place Where Accident Occurred: County <u>CAYUGA</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>AUBURN</u>
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Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County <u>CAYUGA</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>AUBURN</u>
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Reference Marker	Coordinates (if available) Longitude/Easting	Place Where Accident Occurred: County <u>CAYUGA</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>AUBURN</u>
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Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County <u>CAYUGA</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>AUBURN</u>
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Reference Marker	Coordinates (if available) Longitude/Easting	Place Where Accident Occurred: County <u>CAYUGA</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>AUBURN</u>
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Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County <u>CAYUGA</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>AUBURN</u>
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Reference Marker	Coordinates (if available) Longitude/Easting	Place Where Accident Occurred: County <u>CAYUGA</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>AUBURN</u>
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Officer's Name <u>Scott Staff</u>	Badge/ID No. <u>3481</u>	NCIC No. <u>00501</u>	Pract./Post <u>City</u>	Station/Bevy <u>South</u>	Reviewing Officer <u>[Signature]</u>	Date/Time Reviewed <u>6/13/03 0711</u>
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New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
 MV-104A (7/01)  
 DMY COPY

*Auburn Police*

19  
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 29  
 30  
 31  
 32

Accident Date: Month 12 Day 12 Year 03 Day of Week THUR Military Time 1259 No. of Vehicles 1 No. Injured 1 No. Killed 0  
 Not Investigated at Scene  Left Boorve  Police Photos  Yes  No  
 Accident Reconstructed

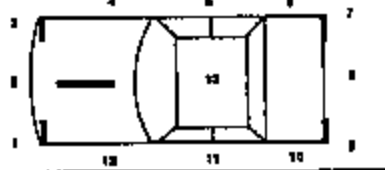
VEHICLE 1 - Driver License ID Number \_\_\_\_\_ State of Lic. \_\_\_\_\_ VEHICLE 2 - Driver License ID Number \_\_\_\_\_ State of Lic. \_\_\_\_\_  
 Driver Name - exactly as printed on license \_\_\_\_\_ Driver Name - exactly as printed on license \_\_\_\_\_  
 Address (include Number & Street) \_\_\_\_\_ Apt. No. \_\_\_\_\_ Address (include Number & Street) \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex \_\_\_\_\_ Unlicensed  No. of Occupants \_\_\_\_\_ Public Property Damaged   
 Name - exactly as printed on registration \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Address (include Number & Street) \_\_\_\_\_ Apt. No. \_\_\_\_\_ Haz. Mat. Code \_\_\_\_\_ Released   
 City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Plate Number \_\_\_\_\_ State of Reg. \_\_\_\_\_ Vehicle Year & Make \_\_\_\_\_ Vehicle Type \_\_\_\_\_ Ins. Code \_\_\_\_\_  
 Ticket/Arrest Number(s) \_\_\_\_\_ Ticket/Arrest Number(s) \_\_\_\_\_  
 Violation Section(s) \_\_\_\_\_ Violation Section(s) \_\_\_\_\_

Check if involved vehicle is:  
 more than 95 inches wide;  
 more than 34 feet long;  
 operated with an overweight permit;  
 operated with an overdimension permit.  
**VEHICLE 1 DAMAGE CODES**  
 Box 1 - Point of Impact \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 Box 2 - Most Damage \_\_\_\_\_  
 Enter up to three more Damage Codes \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Vehicle By \_\_\_\_\_ Toward \_\_\_\_\_ To \_\_\_\_\_

VEHICLE DAMAGE CODING:  
 1-13. SEE DIAGRAM ON RIGHT.  
 14. UNDERCARRIAGE 17. DEMOLISHED  
 15. TRAILER 18. NO DAMAGE  
 16. OVERTURNED 19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.  
 Rear End 1 ← ← ← Left Turn 3 ↙ ↘ Right Angle 4 ↓ Right Turn 5 → → → Hand On 7 → → →  
 Overtaking 2 ← ← ← Left Turn 6 ↙ ↘ Right Turn 8 → → → Sidewipe 9 → → →  
**ACCIDENT DIAGRAM**  
 Cost of repairs to any one vehicle will be more than \$1000.  
 Unknown/Unable to Determine  Yes  No

Reference Marker \_\_\_\_\_ Coordinates (if available) Latitude/Northing: \_\_\_\_\_ Longitude/Easting: \_\_\_\_\_  
 Place Where Accident Occurred: County \_\_\_\_\_ City  Village  Town of \_\_\_\_\_  
 Road on which accident occurred \_\_\_\_\_ (Route Number or Street Name)  
 at 1) intersecting street \_\_\_\_\_ (Route Number or Street Name)  
 or 2) \_\_\_\_\_  N  S  E  W of \_\_\_\_\_ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: *HER AGAINST THE GARAGE. THE VEHICLE THEN HIT THE GARAGE AND DID A LOT OF DAMAGE TO THE AREA BETWEEN THE OVERHEAD DOOR AND GARAGE ENTRANCE. [REDACTED] STATED THAT HER NECK, BACK AND ARMS WERE IN PAIN AND DIDN'T WANT TO SEEK MEDICAL ATTENTION AT THIS TIME. [REDACTED] STATED THAT HER INSURANCE COMPANY WAS GOING TO CHECK OUT THE VEHICLE AND TRANSFER THE [REDACTED]*

NAME	BY	TO	DATE OF DEATH ONLY
A			
B			
C			
D			
E			
F			

Officer's Rank and Signature: *DDM Scott SJA* Badge/ID No. 3481 NCIC No. 00501 Precinct/Post/Troop/Zone CITY Station/Beam/Sector SOUTH Reviewing Officer *[Signature]* Date/Time Reviewed 6/19/03 0711

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
MV-104A (7/01)

Local Codes  
**03-09351**

**DATE RECALLED 10/27** POLICE COPY 1

**ANBURN POLICE**

1	Accident Date Month Day Year <b>06 12 03</b>	Day of Week <b>THURS</b>	Military Time <b>1259</b>	No. of Vehicles <b>1</b>	No. Injured <b>0</b>	No. Killed <b>0</b>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Priority <input type="checkbox"/> Yes <input type="checkbox"/> No	20
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2	VEHICLE 1 License ID Number Driver Name - exactly as printed on license Address (include Number & Street) City or Town State Zip Code				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (include Number & Street) City or Town State Zip Code				21
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3	Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/>	No. of Occupants <b>1</b>	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/>	No. of Occupants <b>1</b>	Public Property Damaged <input type="checkbox"/>	22
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4	Name - exactly as printed on registration Address (include Number & Street) City or Town State Zip Code	Name - exactly as printed on registration Address (include Number & Street) City or Town State Zip Code	23
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5	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code	24
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6	Ticket/Arrest Number(s) Violation Section(s)	Ticket/Arrest Number(s) Violation Section(s)	25
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7	Check if involved vehicle is: <input type="checkbox"/> more than 96 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 96 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
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VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM 	27
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Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ (Milepost, Nearest Intersecting Route Number or Street Name)	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	28
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Accident Description/Officer's Notes <b>SHE WASN'T HURT IN THE ACCIDENT AND WANTED THE ACCIDENT REPORT TO REFLECT SOME AN AMENDED REPORT WAS ADDED TO THE ORIGINAL REPORT</b>	29
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9	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A														
B														
C														
D														
E														
F														

Officer's Rank and Signature <b>Ptm Scott Seft</b> Print Name in Full <b>SCOTT SEFT</b>	Badge/ID No. <b>3781</b>	NCIC No. <b>00001</b>	Precinct/Post Troop/Zone <b>4th</b>	Station/Beat/Sector <b>SOUTH</b>	Reviewing Officer <b>D.A.</b>	Date/Time Reviewed <b>6/23/03 1251</b>
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