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 1368

| Date Received | Repository |
|---|---|
| 2003 OCT 12 PM 3:31 09-SEP-2003 | |
| | Reference No. 10038392 |

**OWNER INFORMATION** (Type or Print)

| Name | [redacted] | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | [redacted] | [redacted] | |
| City LAUDERDALE LAKES | State FL | 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 1/1/__

**VEHICLE INFORMATION**

| 17 digit Vehicle Identification Number (located at bottom of windshield on driver's side) | Make | Model | Model Year |
|---|---|---|---|
| VIN: JNXBR32E63[redacted] | TOYOTA | COROLLA | 2003 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: No. Cylinders | Fuel Type: |
|---|---|---|---|---|---|
| 3/7/02 | AL HENDRICKSON - 954-972-1100 | | | 4 | REGULAR GAS |
| Original Owner ☒ | Dealer's City | State | Zip Code | | |

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

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

| Incident Date(s) | Failure Mileage | Failure Speed |
|---|---|---|
| 02-SEP-2003 | 3031 | 20 |

**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: DOTMAL9ABC036) | ☐ 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 | 1 | | N 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).**

APPLYING BRAKES AT 20 MPH PEDAL WENT TO THE FLOOR, RESULTING IN EXTENDED STOPPING DISTANCE. HAD TAKEN VEHICLE TO DEALERSHIP, AND MECHANIC HAD NOT RESOLVED THE PROBLEM. *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)**

While travelling on State 7 (441) and 71st St. I turned into the Shoppin Center. Fortunatel, if I had remained on 441 (a very busy road), it would have been a disaster. As I was turning (at a very slow speed at bahout 20 miles), I heard a sharp noise and the car began to shake., and the motor went wild. The noise came from underneath the car. I had no brakes - I tried the emergency brake, the brakes were flat to the bottom. I tried to shut off the ignition. I tried to put into neutral and park, nothing happened and the car kept running I could not control this car and it went into a tree. I was alone in the car for about 7 minuted when two women came out of the grocery store and call the Paramedics and police. Paramedics checked me and treated the cut on my arm and took me to Florida Medical Center fo X rays. I had injuries in my neck and shoulders and ribs, gashes and cuts on my left arm and right leg and discolorations on many parts of my body. I am still going to Florida Medical Center Wound Center, with a nurse.

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

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# 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/cars/rules/defects/

[redacted]

Narrative Description
continued

coming to my home every
morning to treat and dress
my wounds.
I thank God that I was
alone in the car and that
no other cars or persons
were in the sopiling center
to be involved in this
disaster.

Thank you for
your kind consideration
and help in this matter.

[redacted]

1. ☐ LAW ENFORCEMENT SHORT FORM REPORT
2. ☐ DRIVER REPORT OF TRAFFIC CRASH
3. ☐ DRIVER EXCHANGE OF INFORMATION

ZONE : 401 Progressive claim # 031378926

DO NOT WRITE IN THIS SPACE 1-800-776-4737 Mercury

**Time & Location**

| DATE OF CRASH | TIME OF CRASH | TIME OFFICER NOTIFIED | TIME OFFICER ARRIVED | INVEST. AGENCY REPORT NUMBER | HSMV CRASH REPORT NUMBER |
|---|---|---|---|---|---|
| 09/02/03 | 1:10 ☒ AM ☐ PM | 1:15 ☐ AM ☐ PM | 1:20 ☒ AM ☐ PM | LL03-09-104 | 03073543 |

| COUNTY CITY CODE | CITY OR TOWN | COUNTY |
|---|---|---|
| 10/50 | Feet or Miles ☐N ☐S ☐E ☐W of LAUDERDALE LAKES | BROWARD |

AT NODE NO. _____ OR _____ FEET / MILES _____ 1 ☐ 2 ☐ FROM NODE NO. _____ NEXT NODE NO. ON ROAD _____ NO. OF LANES 2 1 ☐ DIVIDED 2 ☐ UNDIVIDED ON STREET, ROAD OR HIGHWAY 401 N SR 7

AT INTERSECTION OF 1 ☐ 2 ☐ ☐N ☐S ☐E ☐W OF INTERSECTION OF OR _____ FEET / MILES

**Section 1**

**Vehicle**

| YEAR | MAKE | TYPE (car, truck, bicycle, etc.) | VEHICLE LICENSE TAG NO. | STATE | YEAR | VEHICLE IDENTIFICATION NUMBER |
|---|---|---|---|---|---|---|
| 03 | HOND | CAR | 659 CJD | FL | 04 | JHMCR32E632[redacted] |

Check Areas of Vehicle Damage: Front ☒ | R / Front | L / Front | R / Side | L / Side | Rear | R / Rear | L / Rear

INSURANCE COMPANY (LIABILITY OR PIP) PROGRESSIVE [redacted]

OWNER'S FULL NAME (Check if Same as Driver ☐) | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

**Pedestrian**

DRIVER (Exactly as on Driver's License) / PEDESTRIAN [redacted] | ADDRESS (Number and Street) [redacted] CAUD. LKS FL | CITY AND STATE [redacted] | ZIP CODE

| DRIVER'S LICENSE NUMBER | STATE | LIC. TYPE | DATE OF BIRTH (Mo. Day Year) | RACE | SEX | EST. AMOUNT OF DAMAGE |
|---|---|---|---|---|---|---|
| [redacted] | FL | C | 05 01 08 | W | F | |

DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code | DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code | VEHICLE REMOVED BY: WRECKER 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

PASSENGER'S NAME | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE | AGE

**Section 2**

**Vehicle**

| YEAR | MAKE | TYPE (car, truck, bicycle, etc.) | VEHICLE LICENSE TAG NO. | STATE | YEAR | VEHICLE IDENTIFICATION NUMBER |
|---|---|---|---|---|---|---|
| | | | | | | |

Check Areas of Vehicle Damage: Front | R / Front | L / Front | R / Side | L / Side | Rear | R / Rear | L / Rear

INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NO.

OWNER'S FULL NAME (Check if Same as Driver ☐) | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

**Pedestrian**

DRIVER (Exactly as on Driver's License) / PEDESTRIAN | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

| DRIVER'S LICENSE NUMBER | STATE | LIC. TYPE | DATE OF BIRTH (Mo. Day Year) | RACE | SEX | EST. AMOUNT OF DAMAGE |
|---|---|---|---|---|---|---|
| | | | | | | |

DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code | DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code | VEHICLE REMOVED BY: 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

PASSENGER'S NAME | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE | AGE

**Section 3**

**Vehicle**

| YEAR | MAKE | TYPE (car, truck, bicycle, etc.) | VEHICLE LICENSE TAG NO. | STATE | YEAR | VEHICLE IDENTIFICATION NUMBER |
|---|---|---|---|---|---|---|
| | | | | | | |

Check Areas of Vehicle Damage: Front | R / Front | L / Front | R / Side | L / Side | Rear | R / Rear | L / Rear

INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NO.

OWNER'S FULL NAME (Check if Same as Driver ☐) | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

**Pedestrian**

DRIVER (Exactly as on Driver's License) / PEDESTRIAN | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

| DRIVER'S LICENSE NUMBER | STATE | LIC. TYPE | DATE OF BIRTH (Mo. Day Year) | RACE | SEX | EST. AMOUNT OF DAMAGE |
|---|---|---|---|---|---|---|
| | | | | | | |

DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code | DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code | VEHICLE REMOVED BY: 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

PASSENGER'S NAME | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE | AGE

| VIOLATOR | FL STATUTE NUMBER | NAME | CHARGE | CITATION # |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| PROPERTY DAMAGED - Other than vehicles | EST. AMOUNT OF DAMAGE | OWNER - Name | ADDRESS - Number and Street | City / State / Zip |
|---|---|---|---|---|
| ALL TRUNK | 0 | | [redacted] | [redacted] |

WITNESSES other than PASSENGERS

| NAME | ADDRESS - Name and Street | City / State / Zip |
|---|---|---|
| | | |

| RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER | I.D. / BADGE NO. | DEPARTMENT | |
|---|---|---|---|
| DEPUTY T. BAUER | 1076 | BROWARD COUNTY | ☐1 FHP ☒2 SO ☐3 CPD ☐4 OTHER |

HSMV 60005 (Rev. 11/88) S

☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM
☐ NO FURTHER ACTION REQUIRED BY YOU. REPORT COMPLETED BY LAW ENFORCEMENT AGENCY