



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 100079

Date Received 2004 FEB 24 26-NOV-2003	Repository <input type="checkbox"/> FILE 17 Reference No. 10048720
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OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
BROCKTON	MA	[REDACTED]	
Daytime Telephone Number	E-mail Address		
[REDACTED]			
Evening Telephone Number			

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: **1/11/04** YES NO

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B4GM4R3K [REDACTED]	Make DODGE	Model GRAND CARAVAN	Model Year 1999
Date Purchased Feb. 2003	Dealer's Name and Telephone Number Silhouette Motors (508) 580-0299		Engine: No. Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City Brockton	State MA	Zip Code 02301
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 141000 AIR BAGS:FRONTAL
Multiple Failure: 1			

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 26-NOV-2003	Failure Message 74480	Failure Speed 25	

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: DOTM1SABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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				
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Deaths 0	Reported to Police 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).

WHILE DRIVING 25 MPH THE VEHICLE WENT OVER A POT HOLE AND BOTH FRONT AIR BAGS DEPLOYED. THE FRONT PASSENGER'S SIDE AXLE ALSO BROKE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *NLM

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

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act 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 take 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.



ALLMERICAFINANCIAL®
CITIZENS INSURANCE®
HANOVER INSURANCE®

440 Lincoln Street
PO Box 15145
Worcester MA 01615 0145
Telephone: 800/628-0250 Ext 5085
Fax Number: 508/852-4531

November 6, 2003

[REDACTED]
BROCKTON MA [REDACTED]

Re: Our Insured: [REDACTED]
Claim Number: [REDACTED]
Date of Loss: 10/28/03

Dear Mr. [REDACTED]:

The Massachusetts Auto Reform Law now allows us to pay you directly for your damages. Your deductible is \$500.00 and is APPLIED. Your check will be mailed under separate cover.

The Repair Certification Form lists your rights and duties. Please read it carefully and return it to our claim office when your repairs have been completed.

If our payment to you exceeds \$500.00 and you have an outstanding loan on the vehicle, we have included the name of your bank or finance company on the check. You will need to obtain their signature in order to cash the check.

If you have any questions or desire to discuss this claim further, please call.

Very truly yours,

Christine Belcher
Inside Adjuster

Fraud Warning Statement for State of Arkansas only:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning Statement for State of Maine only:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Fraud Warning Statement for State of New Hampshire only:

Any person who with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for Insurance fraud, as provided in RSA 638:20.

Fraud Warning Statement for State of Virginia only:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include Imprisonment, fines or a denial of insurance benefits.

HANOVER NEW ENGLAND

REPAIR CERTIFICATION FORM

This Form Must Be Returned Upon Completion of Repairs

Hanover Insurance Company Claim Adjuster Christine Belcher

DATE	POLICYHOLDER	DATE OF ACCIDENT	FILE NUMBER
11/6/03		10/28/03	
TO:		RETURN TO	
BROCKTON MA		The Hanover Insurance Company 100 North Parkway PO Box 15145 Worcester, MA 01615-0145	
I/A UNDER \$4,000.00			

Dear Policyholder,

In accordance with the 1988 Insurance Department regulations (211 CMR 123.000) and our Direct Payment Plan, this form has been issued as a result of your recent automobile claim. **PLEASE READ IT CAREFULLY.**

This form spells out your **RIGHTS** and **DUTIES** under our Direct Payment Plan. Please complete the other side of this form and return it to us *once your vehicle has been repaired*. If you have any questions about this form or your claim, please call or contact your claims adjuster noted above. Please have your claim number available when you call.

Policyholder Information

I Explanation of Your Rights and Duties for Repairing Damaged Vehicle

1. It is your right to shop around and to obtain repairs at the repair shop of your choice for the amount of our appraisal.
2. It is your right to be given a list of geographically convenient repair shops which will provide quality repairs for the amount of the payment made directly to you plus any applicable deductible plus any increase in value due to the repairs. We guarantee the quality of the materials and workmanship used in making the repairs at any of our referral shops which are highlighted on this list.
3. It is your duty to notify us, by phone or in writing, prior to or in the course of repairs, if the cost of repairs is expected to exceed our payment plus any applicable deductible and increase in value and you wish us to pay any part of that excess cost. We have the right to inspect the vehicle within three (3) business days of your notification and we have the duty to authorize or deny any supplemental payments within three (3) business days after inspection.
4. It is your duty to pursue resolution of any differences in repair costs through contact with us and the procedure established in General Provision Section 11 of the Policy.
5. It is your duty to complete and to return this Repair Certification Form when the vehicle is repaired. If the completed Repair Certification Form is not returned to us, the actual cash value of the insured vehicle will be reduced by the amount of the claim payment plus any applicable deductible.
6. It is your duty to allow us, upon request, to reinspect the repaired vehicle after receipt of the Repair Certification Form. If the repaired vehicle is not made available for reinspection within a reasonable amount of time, the actual cash value of the insured vehicle will be reduced by the amount of the claim payment plus any applicable deductible.

**PLEASE KEEP ONE COPY OF THIS FORM FOR YOUR RECORDS
(OVER)**

PLEASE FILL OUT AND RETURN WHEN REPAIRS ARE COMPLETE.

II Certification of Repair

I certify that my damaged vehicle has been repaired by:

Repair Shop Name _____

Address _____

Telephone _____

Policyholder Name: _____

Policyholder Signature: _____

Date: _____


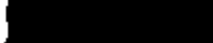

COMPANY REINSPECTION (COMPANY USE ONLY)

_____ Repair work completed in accordance with appraisal

_____ Other (explain) _____

License Appraiser _____

Date _____

Policy # 
Claim # 
Insured 
DOL 10/28/03
Amt Pd \$2524.38

HANOVER NEW ENGLAND

REPAIR CERTIFICATION FORM

This Form Must Be Returned Upon Completion of Repairs

Hanover Insurance Company Claim Adjuster Christine Belcher

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11/6/03		10/28/03	
TO: [REDACTED] BROCKTON MA [REDACTED]		RETURN TO The Hanover Insurance Company 100 North Parkway PO Box 15145 Worcester, MA 01615-0145	
I/A UNDER \$4,000.00			

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(OVER)**

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II Certification of Repair

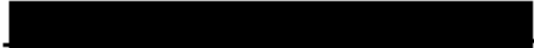
I certify that my damaged vehicle has been repaired by:

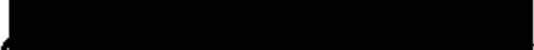
Repair Shop Name: Auto Dynamics

Address: 181 No. Montello St.

Brockton Ma. 02301

Telephone: (508) 586 1300

Policyholder Name: 

Policyholder Signature: 

Date: 2-4-04


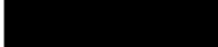
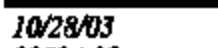
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Policy # 
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Insured 
DOL 10/28/03
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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**