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 100192

Date Received	Repository ☐
2004 OCT -1 28-JAN-2004	Reference No. 10056041

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	[redacted]	E-mail Address	[redacted]
Address	[redacted]	Evening Telephone Number			
City COLEBROOK	State CT	Zip Code [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 _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G6KS52Y8R[redacted]	CADILLAC	SEVILLE	1994

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
	CAPUANO CADILLAC	860-489-9277	8	GAS
Original Owner ☐	Dealer's City TORRINGTON	State CT / Zip Code 06790		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code: 141000 AIR BAGS:FRONTAL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
	104000		

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: DOTMAL9ABC038)	☐ 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	0	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).

CONSUMER COMPLAINED ABOUT AN AIR BAG PROBLEM. AIR BAGS FAILED TO DEPLOY WHEN VEHICLE WAS IN A HEAD ON COLLISION. *AK

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

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT

FORM PR-1 REV. 01/01

GPS READINGS: Latitude:

Time: Longitude:

FOR DOT USE ONLY

DATE OF ACCIDENT (Month, Day, Year)	MILITARY TIME	ACCIDENT SEVERITY	# VEHICLES INVOLVED	PAGE #	POLICE CASE NUMBER
04/19/03	1140	☐ Fatal ☑ Injury ☐ PDO	1	1 of 2	DS03018805

TOWN OR CITY NAME	TOWN CODE	ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #)
SOUTHINGTON	131	EXIT 32 I84 ON-RAMP at

IF NOT AT INTERSECTION
1. MEASURE DISTANCE ..... (✓ Check Appropriate Boxes) ☐ Feet ☐ Tenths of Mile ☐ Meters ☐ Kilometers
2. DIRECTION ☐ North ☐ South ☐ East ☐ West
3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER
of
Accident Occurred: ☐ On Private Property ☐ Parking Lot

TRAFFIC UNIT #1

☑ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)

[redacted]

ADDRESS [redacted]

PROPER LICENSE CLASS ☐ Yes ☐ No

CITY OR TOWN: COLEBROOK STATE: CT ZIP CODE: SEX ☐ M ☑ F

OPERATOR LICENSE #: [redacted] STATE: CT DATE OF BIRTH (Month, Day, Year): 03/26/76

OWNER'S NAME (Enter SAME If Owner is Operator): [redacted]

ADDRESS (Street Number and Name): [redacted]

CITY OR TOWN: [redacted] STATE: ZIP CODE: BODY TYPE: 4DR

REGISTRATION #: [redacted] STATE: CT VEHICLE YEAR AND MAKE: 94 CADI

VEHICLE IDENTIFICATION NUMBER: 1G6KS52Y8RU[redacted]

CARRIER NAME:

CARRIER ADDRESS (# Street, City or Town, State, Zip Code):

SOURCE OF CARRIER NAME ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle ☐ USDOT # ☐ ICC/MC #

GROSS VEHICLE WEIGHT RATING #: HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No DISPLAYED? ☐ Yes ☐ No 4-Digit #:

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No

ENFORCEMENT ACTION TAKEN ☐ None ☑ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S: 14-236

SUBJECT OF ACTION ☑ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE — NAME — POLICY #: REGAL INS [redacted]

PARTS OF VEHICLE DAMAGED: FRONT END/UNDERCARRIAGE

VEHICLE TOWED TO: OJ RDU ☑ TOWED DUE TO DAMAGE

TRAFFIC UNIT #2

☐ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)

ADDRESS (Street Number & Name) PROPER LICENSE CLASS ☐ Yes ☐ No

CITY OR TOWN STATE ZIP CODE SEX ☐ M ☐ F

OPERATOR LICENSE # STATE DATE OF BIRTH (Month, Day, Year)

OWNER'S NAME (Enter SAME If Owner is Operator)

ADDRESS (Street Number and Name)

CITY OR TOWN STATE ZIP CODE BODY TYPE

REGISTRATION # STATE VEHICLE YEAR AND MAKE

VEHICLE IDENTIFICATION NUMBER

CARRIER NAME:

CARRIER ADDRESS (# Street, City or Town, State, Zip Code):

SOURCE OF CARRIER NAME ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle ☐ USDOT # ☐ ICC/MC #

GROSS VEHICLE WEIGHT RATING #: HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No DISPLAYED? ☐ Yes ☐ No 4-Digit #:

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No

ENFORCEMENT ACTION TAKEN ☐ None ☐ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S:

SUBJECT OF ACTION ☐ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE — NAME — POLICY #:

PARTS OF VEHICLE DAMAGED:

VEHICLE TOWED TO: ☐ TOWED DUE TO DAMAGE

ALL INVOLVED PERSONS

	L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.	
1	1	C	01	TRAFFIC UNIT #1 OPERATOR ~~OR PEDESTRIAN #1~~	[redacted]	4	3	1	1
2				TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2					2
3					Month Day Year				3
4					Month Day Year				4
5					Month Day Year				5
6					Month Day Year				6
7					JUN 12 2003				7
8					Month Day Year				8

ALL INVOLVED PERSONS

FORM PR-1

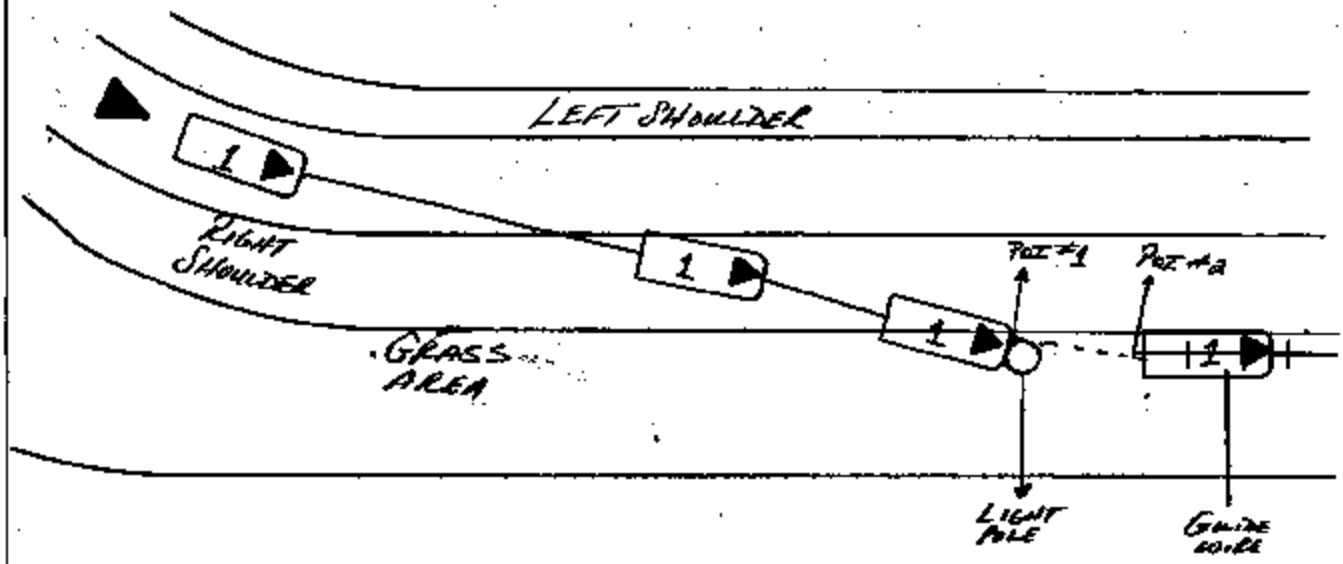
Page # 2 of 2

Police Case Number: DR# 030188025

ACCIDENT DIAGRAM

INDICATE NORTH ↑

* NOT DRAWN TO SCALE * I84 E/B EXIT 32 ON-RAMP



TRAFFIC UNIT # 1	TRAVELING	TRAFFIC UNIT #	TRAVELING
☐N ☐S ☑E ☐W ON I84		☐N ☐S ☐E ☐W ON	

VEH #1 WAS TRAVELING ON THE I84 E/B EXIT 32 ON-RAMP TO I84 E/B. VEH #1 VEERED OFF THE ON RAMP INTO THE RIGHT SHOULDER AND STRUCK A LIGHT POLE AND GUIDE WIRE. IN A VERBAL STATEMENT OP#1 STATED THAT SHE WAS TRAVELING ON THE I84 E/B EXIT 32 ON-RAMP. OP#1 STATED THAT AS SHE WAS REACHING FOR AN OBJECT, SHE LOST CONTROL OF HER VEH. OP#1 STATED THAT SHE THEN VEERED OFF THE ROAD AND HIT THE LIGHT POLE. PHYSICAL EVIDENCE AT THE SCENE CONSISTED OF CONTACT DAMAGE TO THE FRONT END AND UNDERCARRIAGE OF VEH #1, CONTACT DAMAGE TO THE LIGHT POLE THAT WAS KNOCKED OFF IT'S BASE, AND THE APPROX. 20 FT OF GUIDE WIRE DAMAGE. BASED ON THE PHYSICAL EVIDENCE AND OP#1 VERBAL STATEMENT IT IS CLEAR THAT OP#1 IS AT FAULT FOR THE CRASH. WHEN OP#1 LOOKED AWAY FROM THE ROADWAY TO REACH FOR AN OBJECT, SHE LOST CONTROL OF HER VEH AND VEERED OFF THE ROADWAY. OP#1 VEH SUBSEQUENTLY HIT A LIGHT POLE AND THEN CAME TO FINAL REST ON TOP OF THE GUIDE WIRE. BOTH THE LIGHT POLE AND GUIDE WIRE WERE IN THE RIGHT SHOULDER. MINOR INJURIES TO OP#1. OP#1 ISSUED INFRACTION FOR FAILURE TO DRIVE RT. LANE 14-236.

DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES

1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE
LIGH POLE DAMAGED & APPROX. 20FT OF GUIDE WIRE

NAME AND ADDRESS OF PROPERTY OWNER
DEPT. OF TRANSPORTATION

2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE

NAME AND ADDRESS OF PROPERTY OWNER

RANK AND SIGNATURE OF INVESTIGATING OFFICER	OFFICER ID#	POLICE AGENCY IDENTIFICATION	REPORT DATE	CASE STATUS OPEN	CASE STATUS CLOSED	SUPERVISOR
TFC. Chris McWilliams	389	CSP-H	04-13-03	☐	☑	SGT Johnson