



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  
2004 JUN 4  
05-MAY-2004

Repository   
Reference No. 40  
10072173

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City HARPURSVILLE State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]  
E-mail Address [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  
1PNDT13W7 [REDACTED] Make CHEVROLET Model BLAZER Model Year 2001

Date Purchased 4-29-04 Dealer's Name and Telephone Number Gault's Chevy 607 748 8244 Engine: No: Cylinders 6 Fuel Type: gas  
Original Owner  Dealer's City Endicott State NY Zip Code 13760

Transmission Type [REDACTED]  Antilock Brakes Powertrain Vehicle Component Code 140000 AIR BAGS  
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 4-29-2004 Failure Mileage 37000 Failure Speed 53  
30 April

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM19ABC036)  Original Equipment Failure Location: [REDACTED]  
 Prior Repair  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured 1 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 AT 55 MPH CONSUMER'S VEHICLE REAR ENDED ANOTHER VEHICLE. UPON IMPACT, AIR BAGS DID NOT DEPLOY. CONSUMER SUSTAINED MINOR INJURIES. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

This Privacy Act of 1974-Public Law 93-579 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

My Buick did not legally have a licensed chest and  
Arms, windshield, a hood, but a knee and a injured  
left knee that may not seem good though but it was  
not installed in vehicle for a purpose. Heets said  
my vehicle was HMAE certified and a 100-1 CR list  
and on and on before I signed the paperwork, by the way  
the impact was so hard that my insurance companies  
adjuster consider the Buick as totalled, where are my  
rights? I want someone to help me, not just take a  
survey. for not owning a vehicle for less than 24 hours I am  
out thousands of dollars plus the vehicle was unsafe.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation  
Highway

SW  
20590

Official Business  
Penalty for Private Use \$300

**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

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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-2-2-2**

**1-888-327-4238**

DOT Auto Safety Hotline  
(DASH) & DOT



U.S. Department of Energy  
National Highway Traffic  
Administration  
http://www.nhtsa.gov

Local Code  
2004-6724

# BR00 POLICE ACCIDENT REPORT

MV-104A(7/86)

Charged Report

1	Accident Date 04/30/2004	Day of Week FR	Time 16:05	No. of Vehicles 2	No. Injured 2	No. Killed 0	Non highway <input type="checkbox"/>	Not Investigated <input type="checkbox"/>	Lett. Seals <input type="checkbox"/>	Police Photos <input type="checkbox"/>
	Accident Reconstructed <input type="checkbox"/>							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

2	VEHICLE 1				VEHICLE 2				BIICYCLIST		PEDESTRIAN	
	Address (Include Number & Street)				Address (Include Number & Street)				Apt. No.		Apt. No.	
	City or Town TUNKHANNOCK				City or Town HARPURSVILLE				State PA		State NY	
	Date of Birth				Date of Birth				Sex M		Sex F	
	Unlicensed <input type="checkbox"/>				Unlicensed <input type="checkbox"/>				No. of Occup. 1		No. of Occup. 2	
	Public Property Damaged <input type="checkbox"/>				Public Property Damaged <input type="checkbox"/>				State of Lic. PA		State of Lic. NY	

3	Name - exactly as printed on registration				Name - exactly as printed on registration				Date of Birth		Date of Birth	
5	Address (Include Number & Street)				Address (Include Number & Street)				Apt. No.		Apt. No.	
	City or Town KINGSLEY				City or Town HARPURSVILLE				State PA		State NY	

4	Plate Number	State of Reg. PA	Vehicle Year & Make 1995 FORD	Vehicle Type SW	Ins. Code X	Plate Number	State of Reg. NY	Vehicle Year & Make 2001 CHEVR	Vehicle Type SUBN	Ins. Code 040
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5	Check if involved vehicle is:	Check if involved vehicle is:	ACCIDENT DIAGRAM			
1	<input type="checkbox"/> more than 85 inches wide;	<input type="checkbox"/> more than 65 inches wide;				
	<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;				
	<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overweight permit;				
	<input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> operated with an overdimension permit.				

6	VEHICLE 1 - DAMAGE CODES				VEHICLE 2 - DAMAGE CODES			
1	Box 1 - Point of Impact	1	2	3	4	5	6	7
	Box 2 - Most Damage	8	8		2	2		
	Enter up to three more Damage Codes	7	9	3	4	1	5	
7	Vehicle Towed To CHEMUNGO STREET - BRG				Vehicle Towed To CHEMUNGO STREET - BRG			

8	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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Reference Marker				DMV USE ONLY				County			
8 8 1								BROOME			
9 1 0 1								City <input type="checkbox"/> Village <input type="checkbox"/>			
1 2 4 3								Town <input checked="" type="checkbox"/> FENTON			
TICKET/ARREST <input type="checkbox"/> OPR <input type="checkbox"/> OPR 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BIICYCLIST <input type="checkbox"/> OTHER <input type="checkbox"/>								Route No. or Street Name on ROUTE 88 WEST			
								30 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Mile <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> At Intersection with			
								(Nearest Intersecting Route/Street) EXIT 1			
Tow/Areas Number(s)											
Violation Section(s)											
Accident Description/Officer's Notes				Please see attached.							

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TD 18	USE COVER SHEET
A	1	1	4	1	41	M	5	12	6	6864	304	
B	2	1	4	-	52	F	11	12	6	6863	301	
C	2	3	4	1	58	M	-	-	-			
D												
E												
F												
G												

SIGN HERE	Officer's Rank and Name DEPUTY ALAN J. BENNETT	Badge ID No. 43	Department 00300	Practice/Post Troop/Zone	Station/Beat/ Sector	Reversing Officer	Date/Time Reported 5/1/04
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Local Codes

## BROOK POLICE ACCIDENT REPORT

2004-6724

MV-104A(7/96)

Accident Date	Day of Week	Time	No. of Vehicles	No. Injured	No. Killed	Non-Highway	Not Investigated	Left Scene	Police Photos
04/30/2004	FR	16:05	2	2	0	<input type="checkbox"/>	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Accident Description/Officer's Notes

VEHICLES 1 AND 2 WERE ROUTE 88 WESTBOUND IN THE AREA OF MILE MARKER 1 - TIED UP IN HEAVY TRAFFIC. THE TRAFFIC WAS BACKED DUE TO A FATALITY INVESTIGATION ON ROUTE 81S. TRAFFIC WAS AT GRID LOCK. VEHICLE #1 STARTED UP IN TRAFFIC AND STOPPED ABRUPTLY. IN TURN VEHICLE #2 STARTED UP IN TRAFFIC AND REAR ENDED VEHICLE #1.

OPERATOR #2 STATED THAT SHE DIDN'T HAVE ENOUGH TIME TO STOP. NO TICKETS WERE ISSUED.

ANOTHER CONCERN WAS THAT THE AIR BAGS IN VEHICLE #2, DID NOT DEPLOY AFTER A HEAVY FRONT END HIT.

VEHICLE #1 WAS A COMPANY VEHICLE AND THE OPERATOR / EMPLOYEE COULD NOT PRODUCE STATE OF PENNSYLVANIA REGISTRATION AND INSURANCE INFORMATION. BUSINESS CARD INFORMATION IS AS FOLLOWS: TALL PINES FARM - STOVES AND FIREPLACES, RR 2 BOX 157, KINGSLEY, PA 18826 - PHONE # 570-278-3071 OR 1-800-927-5848 - FAX (570) 278-2581 - EMAIL: tallpine@epix.net AND www.tallpinesfarm.com.

SIGN HERE	Officer's Rank and Name	Badge/ID No.	Department	Precinct/Post Troop/Zone	Station/Team/Section	Reviewing Officer	Date/Time Reviewed
	Deputy Alan J. Bennett	43	00300			AB	5/1/04

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.