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 1367

Date Received	Repository
2004 AUG 20 PM 20-JUN-2004	☐
	Reference No. 10080123

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: MEDWAY	State: MA	Zip Code	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 8/11/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2HGEJ6618YH	HONDA	CIVIC	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: 4 No: Cylinders	Fuel Type:
04-16-00	CAMBRIDGE HONDA 617-864-5900				Reg
Original Owner: ☒	Dealer's City: CAMBRIDGE	State: MA	Zip Code: 02138		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	X	181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
11-JUN-2003	54,120	20-25	Brake, Ignition & Belt, Airbags

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Bridge Stone	1	
DOT No. (Example: DOTMALSABC038)	☒ Original Equipment ☐ Prior Repair	Failure Location: 19 BARBER ST, Medway, MA 02053
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).

WHILE PULLING INTO A PARKING SPACE VEHICLE SUDDENLY ACCELERATED AND LAUNCHED INTO THE AIR, RESULTING IN A COLLISION. CONSUMER'S FOOT WAS ON THE BRAKE PEDAL WHEN ACCELERATION OCCURRED. DEALERSHIP WAS NOT PROVIDING ANY ASSISTANCE TO DETERMINE WHAT CAUSED THE FAILURE. ALSO, DRIVER'S SIDE SEAT BELT FAILED TO RETRACT, IT WAS LOOSE. THIS RESULTED IN CONSUMER IMPACTING THE STEERING WHEEL. PRIOR TO THIS INCIDENT SEAT BELT RECALL REPAIRS WERE PERFORMED 3 TIMES."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)

Tried to Park the gear Shifted while I breaked to park. The car took off & Jumped up + Started to move towards the mulch area. I tried breaking It did not work it made a Third noise & Brake did not work the car kept going towards the lawn + hit the fence & Hit a Big tree + I got injured Since the airbags nor the Seat Belt held me from hitting the Steering wheel my face & nose were fractured. I am reporting this since the manufacture did not even take the car to be checked by Honda engineers. They just used the word from of mouth communication from the auto Repair Body person & the guy who towed the car. No ~~other~~ work was done Help me please to secure a Car which manufactures hold their guarantee instead of Stiffing Customers. Also I bought Honda Since I met ATTACH ADDITIONAL SHEETS IF NECESSARY Mr. Honda @ Babson college commencement. I don't think he will approve of How Cambridge Honda dealt with my problem.

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

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

US Department of Transportation
National Highway Traffic Safety Administration

ACCIDENT INFORMATION Time 3:45 ☐ AM ☒ PM Number of vehicles involved 0

Location MEDWAY (CITY/TOWN) MA (STATE) 19 BARBERST (STREET) No. of lanes in each direction 1

If intersection, interacting street BARBERST & NORTH No. of lanes in each direction 1

Your speed prior to the accident 0-5-3 mph Posted speed 30 mph

SIGHT LINES/DISTANCE When you first saw the other vehicle, how far were you from it? 6ft away Parked in 19 Barberst Driveway.

If a rear end collision, give distance between you and the vehicle you were following prior to accident.

If an intersection collision, give your view in distance to right NU to left before entering intersection.

POLICE at accident scene? ☒ No ☐ Yes Were you issued a citation ("ticket")? ☒ No ☐ Yes

DAMAGE (example - passenger side rear door)

To the vehicle you were driving FRONT END + Whole right Damage + Left Drivers Side Door

To other vehicle Slight Damage to Left

Identify damaged property other than vehicles Fence, & Lawn

BEFORE THE ACCIDENT YOUR CAR WAS ✓

☐ Going straight ahead	☒ Making a right turn into Drive way	☐ Merging
☐ Starting from parked position	☐ Turning right on red	☐ Changing lanes
☐ Avoiding object in road	☐ Making a U-turn	☐ Overtaking another vehicle
☐ Starting from stop sign	☐ Stopped in traffic	☐ Backing
☐ Starting from traffic control	☐ Slowing or Stopping	☐ Other
☐ Making a left turn	☒ Parked PARKING	☐

LIGHT CONDITIONS

☒ Daylight ☐ Dusk ☐ Dark-Unlighted area ☐ Dark-Lighted area ☐ Other

TRAFFIC CONTROL ✓

☐ Traffic Light ☒ None ☐ Stop Sign ☐ Construction area ☐ Yield Sign ☐ Officer/Guard ☐ Flashing Light ☐ Other

ROADWAY SURFACE ✓

☒ Dry ☐ Sand ☐ Slush ☐ Mud ☐ Snow/Ice ☐ Wet ☐ Other

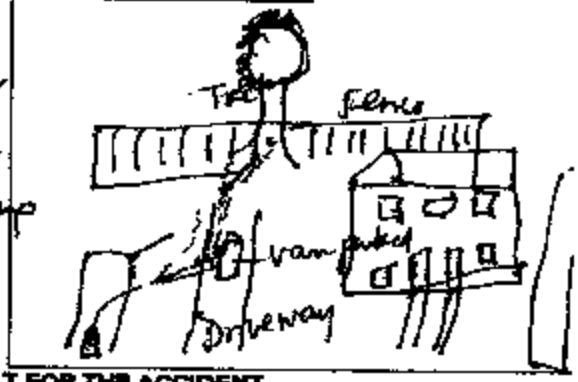
WEATHER ✓

☒ Clear ☐ Rain ☐ Cloudy ☐ Sleet/Hail ☐ Fog ☐ Snow ☐ Mist ☐ Other

PROVIDE DETAILS OF HOW THE ACCIDENT HAPPENED

Tried to Park the gear Shifted while I breaked to park but the car took off & jumped up & Started to move towards the mulched area & tried breaking but did not work it went & hit a parked Van in the 19 Barberst Drive & went & hit a tree

ACCIDENT DIAGRAM



STATE REASON(S) WHY YOU BELIEVE YOU ARE NOT MORE THAN 50% AT FAULT FOR THE ACCIDENT

The car took off on by itself due to malfunction. I could not break or stop the car after it hit a fence & the tree it stopped & my face hit the steering wheel & I was injured None of the Airbags or Seat belts Served me or deployed I was wearing Seat Belt

An appeal must be submitted and received within 30 days of the Surcharge Notice Date.

I, the Operator named herein, being aggrieved by the determination of the issuing insurance company that I have been found to be more than 50% at fault for the accident identified in surcharge notice, do hereby appeal the insurance company's determination of fault in excess of 50%, pursuant to Chapter 175, section 113B of the Massachusetts General Laws. I hereby declare the foregoing information and statements are made under the pains and penalties of perjury.

X____

02-02-04
DATE

Section B: Crash Conditions

Light Conditions
(1) Daylight
2 Dawn
3 Dusk
4 Dark - lighted roadway
5 Dark - roadway not lighted
6 Dark - unknown roadway lighting
97 Other
99 Unknown

Weather Conditions (up to two)
1 Clear
(2) Cloudy
(3) Rain
4 Snow
5 Sleet, hail, freezing rain
6 Fog, smog, smoke
7 Severe crosswinds
8 Blowing sand, snow
97 Other
99 Unknown

Traffic Control Device
(1) No controls
2 Stop signs
3 Traffic control signal
4 Flashing traffic control signal
5 Yield signs
6 School zone signs
7 Warning signs
8 Railroad crossing device
99 Unknown

Was the traffic control device functioning at the time of the crash?
1 ___ Yes
2 ___ No

Road Surface
1 Dry
(2) Wet
3 Snow
4 Ice
5 Sand, mud, dirt, oil, gravel
6 Water (standing, moving)
7 Slush
97 Other
99 Unknown

Roadway Interaction Type
(1) Not at intersection
2 Four-way intersection
3 T-intersection
4 Y-intersection
5 On ramp
6 Off ramp
7 Traffic circle
8 Five-point or more
9 Driveway
10 Railway grade crossing
99 Unknown
DRIVEWAY

Trafficway Description
(1) Two-way, not divided
2 Two-way, divided, unprotected median
3 Two-way, divided, protected median
4 One-way, not divided
99 Unknown

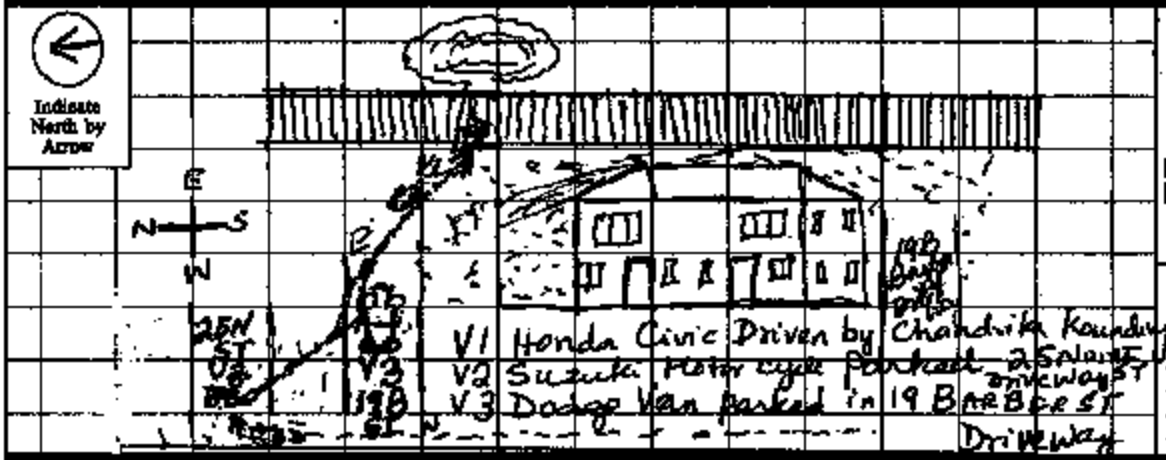
School Bus Related?
1 ___ Yes
2 ✓ No

Work Zone Related?
1 ___ Yes
2 ✓ No

Manner of Collision
1 Single vehicle crash
2 Rear-end
3 Angle
4 Sideswipe, same direction
5 Sideswipe, opposite direction
(6) Head on
7 Rear to rear
99 Unknown

Section C: Crash Diagram

Indicate North by Arrow



Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:
→ = Direction
1 = Vehicle 1 (Your Vehicle)
2 = Vehicle 2
O = Pedestrian/Non-motorist
N = North

Select one of the following if the crash did not occur on a public way:
___ Off-street parking lot
___ Garage
___ Mall/shopping center
___ Other private way

Section D: Witness Information

Witness Name (Last, First, Middle)	Address	Phone
George Pedrant	17 South Main St Milford, MA 01757	

Section E: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description
U	Medway, MA		Neighbor, Lawn, Fence & Driveway

Section F: Description of What Happened

Coming back from dump in Medway entered Barber st travelled North took right to park in Driveway 25 North St applied brake to stop the gear started to Shift to third & Neutral started to move hit first the top of motor cycle toppled. Still tried to apply brake the gear made a noise & car moved forward & hit the van in 19 Barber St, still pressed on the Brake to slow down since it was climbing on the hill but could not Stop the Vehicle to avoid going through the Neighbors lawn I applied the brake it felt very hard & did not go down. It went and hit the fence Broke the fence & hit the tree & Stopped. The air bags did not deploy. I hit my face on the Steering wheel & injured my nose & mouth

Section G: Signature

___ Print

Date 06-16-03

"Signed under Pains and Penalties of Perjury"

Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page) U	Medway MA / Medway MA			1	1	4	4	0	0	1	2	Metrowest Medical Framingham
Name of Passenger 1 (Last, First, Middle)	Address / City/Town State Zip											
Name of Passenger 2 (Last, First, Middle)	Address / City/Town State Zip											
Name of Passenger 3 (Last, First, Middle)	Address / City/Town State Zip											

A. Seating Position
1 Front seat - left side (or motorcycle driver)
2 Front seat - middle
3 Front seat - right side
4 Second seat - left side (or motorcycle passenger)
5 Second seat - middle
6 Second seat - right side
7 Third row - left side (or motorcycle passenger)
8 Third row - middle
9 Third row - right side
10 Sleeper section of cab
11 Enclosed passenger area
12 Unenclosed passenger area
13 Trailing unit
14 Riding on vehicle exterior
97 Other
99 Unknown

B. Safety System Used
0 None used
1 Shoulder and lap belt
2 Lap belt only
3 Shoulder belt only
4 Child safety seat
5 Helmet
99 Unknown

C. Air Bag Status
1 Deployed-front
2 Deployed-side
3 Deployed both front and side
4 Not deployed
5 Not applicable
99 Unknown

D. Air Bag Switch
1 Switch in ON position
2 Switch in OFF position
3 ON-OFF switch not present
4 Unknown if switch is present
99 Unknown

E. Ejected From Vehicle?
0 Not ejected
1 Totally ejected
2 Partially ejected
3 Not applicable
99 Unknown

F. Trapped?
0 Not trapped
1 Freed by mechanical means
2 Freed by non-mechanical means
99 Unknown

G. Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

H. Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: 02 | Number of injured occupants: 02 | Was Vehicle Damage above $1000? __Yes Y No | Moped? Y Yes __No | Hit and Run? __Yes Y No

License State	Date of Birth	Age	Sex __M__F	License Class __D __A __B __C __M __Unknown	Commercial Driver's License Endorsements H__Hazardous N__Tank vehicles P__Passenger T__Doubles/Triples X__Tank and Hazardous

V2 Full Name of Vehicle Driver (Last, First, Middle): Johnson, Stephen A | Street Address: 25 NORTH ST | City/Town: Medway | State: MA | Zip: 02053

Insurance Company: Commerce Insurance Co | Reg. Type: MCN | Reg. State: MA | Vehicle Year: 2002 | Vehicle Make: Suzuki

Indicate type of vehicle
1 Passenger car
2 Light truck (van, mini-van, pick-up, sport utility)
3 Motorcycle
4 Bus (15 or more passengers)
5 Bus (7-15 passengers)
6 Single-unit truck (2 axles)
7 Single-unit truck (3 or more axles)
8 Truck/trailer
9 Truck tractor (bobtail)
10 Tractor/semi-trailer
11 Tractor/doubles
12 Tractor/triples
13 Unknown heavy truck
14 Motor home/recreational vehicle
97 Other
99 Unknown

V3 Full Name of Vehicle Owner (Last, First, Middle): Dodge Van 2000 Green | Street Address: | City/Town: Milford | State: MA | Zip:

Vehicle Travel Direction: __N __S __E __W

What Was the Vehicle Doing Prior to the Crash? 031602639 MA Lic Fg1114 Registration MA
1 Travelling straight ahead
2 Slowing or stopped
3 Turning right
4 Turning left
5 Changing lanes
6 Entering traffic lane
7 Leaving traffic lane
8 Making U-turn
9 Overtaking/passing
10 Backing
11 Parked
97 Other
99 Unknown

Vehicle Damaged Area (circle up to three)
0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved: None | 1 Pedestrian | 2 Cyclist | 3 Skater | 97 Other | 99 Unknown | ND

What was the non-motorist doing prior to the crash?
1 Entering or crossing location
2 Walking, running, or cycling
3 Working
4 Pushing vehicle
5 Approaching or leaving vehicle
6 Working on vehicle
7 Standing
97 Other
99 Unknown

Where was the non-motorist prior to the crash?
1 Marked crosswalk at intersection
2 At intersection but no crosswalk
3 Non-intersection crosswalk
4 In roadway
5 Not in roadway
6 Median (but not on shoulder)
7 Island
8 Shoulder
9 Sidewalk
10 Shared-use path or trails
99 Unknown

Date of Birth/Age	Sex __M __F	Full Name of Non-Motorist (Last, First, Middle)	Street Address	City/Town	State	Zip

Safety Equipment?
0 None used
6 Helmet
7 Protective pads (elbows, knees, etc.)
8 Reflective clothing
9 Lighting
10 Other
99 Unknown

Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
5 No injury
99 Unknown

Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

If transported, please indicate Hospital/Medical Facility

Section A: Crash Location

City/Town Where Crash Occurred	Date of Crash	Time of Crash	# Vehicles Involved
MEDWAY	06-11-03	4:15 AM (PM)	3

Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

SECTION A1

Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:

Route#: _____ Name of Roadway/Street: BARBER ST

Step 2: What was the name (or names) of the intersecting street?

Route#: _____ Name of Roadway/Street: NORTH ST

Route#: _____ Name of Roadway/Street: _____

OR

SECTION A2

Step 1: Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route #: _____ at Street or Address Number: 19

on the Street/Roadway known as: BARBER ST

Step 2: Please provide as much of the following specific location information as possible:

The crash occurred (estimate number of feet): 120 feet

(indicate direction as N/S/E/W): E of

a) Mile Marker number: _____

OR: b) Exit Number: _____

OR: c) Intersecting Street/Roadway: 2 (Route#) 19 BARBER ST (Name of Roadway/Street)

OR: d) Landmark: DRIVEWAY to Lawn + Fence

Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____ Was vehicle damage above $1000? __Yes __No

License State	Date of Birth	Age	Sex	License Class	Commercial Driver's License Endorsements
MA			__M ✓F	✓D __A __B __C __M Unknown	H__ Hazardous N__ Tank vehicles P__ Passenger transport T__ Doubles/Triples X__ Tank and Hazardous

V1

Your Full Name (Last, First, Middle)	Street Address	City/Town	State	Zip
		Medway	MA	

Insurance Company	Reg. Type	Reg. State	Vehicle Year	Vehicle Make
Premier Insurance Co		MA	2000	Honda Civic

Indicate your type of vehicle

(1) Passenger car; 2 Light truck (van, mini-van, pick-up, sport utility); 3 Motorcycle; 4 Bus (15 or more passengers); 5 Bus (7-15 passengers); 6 Single-unit truck (2 axles); 7 Single-unit truck (3 or more axles); 8 Truck/trailer; 9 Truck tractor (bobtail); 10 Tractor/semi-trailer; 11 Tractor/doubles; 12 Tractor/triples; 13 Unknown heavy truck; 14 Motor home/recreational vehicle; 97 Other; 99 Unknown

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
		Medway	MA	

Vehicle Travel Direction: ✓N __S __E __W

What Was Your Vehicle Doing Prior to the Crash?

(2) Slowing or stopped; (3) Turning right; 1 Travelling straight ahead; 4 Turning left; 5 Changing lanes; 6 Entering traffic lane; 7 Leaving traffic lane; 8 Making U-turn; 9 Overtaking/passing; 10 Backing; 11 Parked; 97 Other; 99 Unknown

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

GEAR was moving between 3rd + Neutral.

What happened first?	What happened 2nd (if applicable)?	What happened 3rd (if applicable)?	What happened 4th (if applicable)?
[ ] Braked to Stop but Car started to move even with Braking	[7] Hit motor Cycle Tried Braking But car jumped	[2] Tried braking Hit Dodge Van	[Fence 21] Break was Stuck Hit Fence + T

Collision with

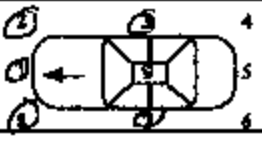
1 Motor vehicle in traffic; (2) Parked motor vehicle; 3 Pedestrian; 4 Cyclist; 5 Animal- deer; 6 Animal- other; 7 Moped; 8 Work zone maintenance equipment; 9 Railway vehicle (train, engine); 10 Other movable object; 11 Unknown movable object; 20 Curb; 21 Tree; 22 Utility pole; 23 Light pole or other post/support; 24 Guardrail; 25 Median barrier; 26 Ditch; 27 Embankment/Sloping shoulder; 28 Highway traffic signpost; 29 Overhead sign support; 30 Fence; 31 Mailbox; 32 Crash cushion/Impact attenuator; 33 Bridge; 34 Bridge overhead structure; 35 Other fixed object (wall, building, tunnel); 36 Unknown fixed object

Non-Collision

(40) Ran off road right; 41 Ran off road left; 42 Cross median/centerline; 43 Overturn/rollover; 44 Equipment failure (blown tire, brakes, etc); 45 Fire/explosion; 46 Immersion; 47 Jackknife; 48 Cargo/equipment loss or shift; 49 Separation of units; 50 Downhill runaway; 51 Other non-collision; 52 Unknown non-collision; 97 Other; 99 Unknown

Was your Vehicle Towed From the Scene Due to Damage? ✓Yes __No

Vehicle Damaged Area (circle up to three)



0 None; 10 Undercarriage; (1) Totaled; (2) Other; 99 Unknown

RECALLS

2000 Honda Civic VP

Select Different Vehicle

3 Recall Notices

Campaign Number: 02V120000 **Date:** 2002-May-13

Component: Electrical System: Ignition: Switch

Defect Summary: On certain sedans, coupes, hatchbacks, and sport utility vehicles, electrical contacts in the ignition switch can degrade due to the high electrical current passing through the switch when the vehicle is started.

Consequence Summary: Worn contacts could cause the engine to stall without warning, increasing the risk of a crash.

Corrective Summary: Dealers will replace the ignition switch. Owner notification began June 14, 2002. Owners who take their vehicles to an authorized dealer on an agreed upon service date and do not receive the free remedy within a reasonable time should contact Honda at 1-800-999-1009 or Acura at 1-800-382-2238.

Campaign Number: 02V051000 **Date:** 2002-Feb-08

Component: Interior Systems: Active Restraints: Belt Buckles

Defect Summary: Certain sedans and coupes fail to comply with the requirements of Federal Motor Vehicle Safety Standard No. 209, "Seat Belt Assemblies." Certain rear seat belt buckles were improperly manufactured.

Consequence Summary: The rear seat belts will work properly and provide protection in a crash, but the owner may experience difficulty unfastening the belt after the crash.

Corrective Summary: In a previous recall (01V-380), only right and left buckles were inspected. The rear CENTER buckle should also be inspected and corrected if necessary. This recall is being conducted only for the CENTER BUCKLE. Dealers will inspect the vehicles and replace the seat belt assemblies that were improperly manufactured. Only buckles that are marked (on the back side of the buckle) with an assembly number beginning with 00185, 00186, or 00187, will be replaced. Owners should contact their dealer for this replacement. Owner notification began March 5, 2002. Owners who take their vehicles to an authorized dealer on an agreed upon service date and do not receive the free remedy within a reasonable time should contact Honda at 1-800-999-1009.

Campaign Number: 01V380000 **Date:** 2001-Dec-13

Component: Interior Systems: Active Restraints: Belt Buckles

Defect Summary: Vehicle Description: Certain sedans and coupes fail to comply with the requirements of Federal Motor Vehicle Safety Standard No. 209, "Seat Belt Assemblies." Certain rear seat belt buckles were improperly manufactured.

Consequence Summary: The rear seat belts will work properly and provide protection in a crash, but the owner may experience difficulty unfastening the belt after the crash.

Corrective Summary: Dealers will inspect the vehicles and replace the seat belt assemblies that were [redacted] reasonable time should contact Honda at 1-800-999-1009.

THE PREMIER INSURANCE COMPANY OF MASSACHUSETTS
EDLIRA STEFANI
10 CHESTNUT ST STE 308
WORCESTER MA 01608-2804
(800) 245-8063
(508) 751-4337

June 13, 2003

MEDWAY MA

Insured:
Claimant
Claim/File #: 192 PP L9X0941 P
Date of Loss: 06/11/2003
Reference #:

Dear

We have received notice of your claim.

Please complete the form enclosed and return as soon as possible. This signed insured's report form must be received before we can consider any payment on your claim.

If you have any questions, please do not hesitate to contact me at the phone number listed above.

Sincerely,
EDLIRA STEFANI
CL REP
(508) 751-4337
Fax: (508) 753-4294
Email: estefani@travelers.com

AUTO DAMAGED? HERE ARE YOUR OPTIONS!

If you intend to repair your damaged auto, you may select one of the following options:

1) You may choose a referral shop highlighted on the enclosed list. If you do, we will guarantee the materials and workmanship of the repair and the cost to you will usually not exceed our payment plus the amount of your deductible. You are responsible for any costs resulting from the use of parts that are of better quality than the parts that were on your auto at the time of the accident. (Referred to as betterment or depreciation on the appraisal.)

OR

2) You may choose any other registered auto repair shop on the list. We do not guarantee the quality of repairs at other shops, but a registered shop has posted a bond for the protection of its judgment creditors and may provide you with its own warranty. If the shop charges you more than our payment plus the amount of your deductible for the repairs, we will negotiate with that registered repair shop, but we cannot promise that we will pay the difference. You are responsible for any costs resulting from the use of parts that are of better quality than the parts that were on your auto at the time of the accident. (Referred to as a betterment or depreciation on the appraisal.)

OR

3) You may choose not to participate in our Direct Payment/Referral Plan by returning the check to us and then have your auto repaired in accordance with Completed Work Claim Form procedure. Please see your auto policy for details.

If you do not intend to repair your damaged auto:

- You may choose to cash our check and not repair your auto. In this case, we will reduce the actual value of your auto by the amount of our check plus the amount of your deductible. If you later give us proof of proper repair, the actual cash value will be increased. We have a right to inspect all repairs.

If you or your chosen repair shop dispute the accuracy of the appraisal or our payment to you, the following applies to you, referral shop and other registered repair shops:

- You or the repair shop must notify us by telephone or in writing if the cost of repair is expected to exceed our payment plus the amount of your deductible. The notice must be received by us prior to the completion of repairs; otherwise, the additional cost may not be paid. We will evaluate the request and either authorize or deny any supplemental payment. You must allow us to inspect your auto.

Sometimes there may be a disagreement as to the amount of the money we owe for losses or damage to your auto. If so, Massachusetts General Laws, Section 191A of Chapter 175, provides for a method of settling the disagreement. Either you or we can, within 60 days after you file your proof of loss, demand in writing that appraisers be selected. The appraisers then follow a procedure set by law to establish the amount of damage. Their decision will be binding on you and us. You and we must share the cost of the appraisal.

QUESTIONS REGARDING YOUR CLAIM CONTACT YOUR CLAIM REP (800) 245-0063
QUESTIONS REGARDING YOUR VEHICLE REPAIRS CONTACT THE APPRAISER BELOW

CD LOG NO 1202 -0 06-13-03 1:51 PM

800-542-8684 x 6855 6875
Reb Sanders

CLAIM INFORMATION
CLAIM # [redacted]
COMPANY D/R 06/12/03 D/A 06/12/03
INSURED
CLAIMANT
FILE HNDLR EDLIRA STEFANI X4337
LOSS PAYEE

POLICY # [redacted] 1
CLAIM REP [redacted]
LOSS DATE 06-11-03
LOSS TYPE COLLISION
FILE #
ACCT # [redacted]

508-922-0892
L.S. Lamson

INSPECTION
TYPE FIELD
PRIMARY POI FRONT END RIGHT
APPRAISER NAME TIM SANDERS X3130
LICENSE # 12866
WORK PHONE (800) 842-8684
ADDRESS 10 CHESTNUT ST
CITY STATE WORCESTER MA
ZIP 01608-2629

SECOND POI
FAX (508) 278-3510
INSP DATE 06-13-03
LOCATION HAVEN AUTO BODY
CITY STATE MEDWAY MA

OWNER
WORK#
HOME#
MEDWAY MA

REPAIR
ATTN KEN
HAVENS A/B
117 MAIN ST REAR
MEDWAY MA 02053-
SHOP PHONE (508) 533-2229

SHOP LIC# #1210
CAR IN
CAR OUT
REPAIR DAYS
FAX (508) 533-7984

VEHICLE
2000 HONDA CIVIC VP 4 DR SEDAN
4CYL GASOLINE 1.6

OPTIONS
TWO-STAGE - EXTERIOR SURFACES
POWER DOOR LOCKS
AUTOMATIC TRANS
TWO-STAGE - INTERIOR SURFACES
AIR CONDITIONING
U.S.A. BUILT VEHICLE

BODY COLOR BLUE
CONDITION FAIR
LICENSE #
LICENSE STATE MA
MILEAGE 54,145
VIN 2HGEJ6616YH
CODE H025
VEH INSP #

REMARKS:
UNRELATED DAMAGE NOTED (SEE BELOW)
COPY OF APPRAISAL MAILED TO OWNER & FAXED TO REPAIR FACILITY
OWNER NOT PRESENT FOR PERMISSION TO REMOVE INSPECTION STICKER.
PARTS LOCATED VIA COMSEARCH: REQUEST #7723 - FOUND NOT COST EFFECTIVE

OP CODES:
* = USER-ENTERED VALUE E = REPLACE OEM NG = REPLACE NAGS
EC = REPLACE AFTERMARKET UC = REMAN/REBUILT OEM UM = AFTERMARKET REMAN

SU = SALVAGE PART
PM = AFTERMARKET RECON
IT = PARTIAL REPAIR
BR = BLEND REFINISH
SB = SUBLET
P = CHECK
UP = UNRELATED PRIOR
EP = AFTERMARKET NEW
TE = PARTL REPL PRICE
I = REPAIR
TT = TWO-TONE
N = ADDITIONAL LABOR
AA = APPEAR ALLOWANCE
ET = PARTL REPL LABOR
L = REFINISH
CG = CHIPGUARD
RI = R&I ASSEMBLY
RP = RELATED PRIOR

OP	GDE	MC	DESCRIPTION		MFR.PART NO.	PRICE	AJ%	B%	HOURS	R
EP	0006		COVER,FRONT BUMPER		AFTERMARKET NEW	99.50			2.3	1
L	0006		COVER,FRONT BUMPER		REFINISH				3.6	4
					2.5 Surface					
					0.6 Two-stage setup					
					0.5 Two-stage					
E	0096		REINF,FRONT BUMPER	RT	71142S01A00ZZ	11.12				1
E	0071	01	CLOSURE,FRONT BUMPE	RT	90672SB2670YA	4.28				1
E	0024		BRACE,FRONT BUMPER	RT	71141S01A01	16.05				1
E	0009		FRAME,LICENSE PLATE		71145SD4671	10.65			0.2	1
E	0025		BRKT,FRONT LIC PLATE		71106SH2A02	4.12			INC	1
E	0028		GRILLE ASSEMBLY		71121S04003	72.00			0.2	1
EP	0041		HEADLAMP ASSY,HALOG	LT	AFTERMARKET NEW	155.50			INC	1
EP	0042		HEADLAMP ASSY,HALOG	RT	AFTERMARKET NEW	155.50			INC	1
N	0973		HEADLAMPS AIM		ADDITIONAL LABOR				0.5	1
E	0083		PANEL,HOOD		60100S01A01ZZ	314.40			1.6	1
L	0083		PANEL,HOOD		REFINISH				4.6	4
					2.8 Surface					
					1.0 Edge					
					0.8 Two-stage					
E	0087		CATCH,HOOD SAFETY		74120S01A04	29.07			0.2	1
E	0084		HINGE,HOOD PANEL	LT	60170ST0000ZZ	27.88			0.2	1
L	0084		HINGE,HOOD PANEL	LT	REFINISH				0.4	4
					0.3 Surface					
					0.1 Two-stage					
E	0085		HINGE,HOOD PANEL	RT	60120ST0000ZZ	27.88			0.2	1
L	0085		HINGE,HOOD PANEL	RT	REFINISH				0.4	4
					0.3 Surface					
					0.1 Two-stage					
E	0047		LABEL,HOOD		17505PDNA00	2.58			0.1	1
E	0098		LABEL,HOOD		778715M4A70	4.22			0.1	1
E	0077	07	PANEL,RADIATOR SIDE	RT	04601S01A01ZZ	48.57			5.6	1
L	0077		PANEL,RADIATOR SIDE	RT	REFINISH				0.6	4
					0.5 Surface					
					0.1 Two-stage					
E	0092	07	CRSMBR,RAD PANEL UPR		60431S04A02ZZ	60.63			2.7	1
L	0092		CRSMBR,RAD PANEL UPR		REFINISH				0.5	4
					0.4 Surface					
					0.1 Two-stage					
N	0969		A/C EVAC RECHRG & RCV		ADDITIONAL LABOR				1.9	2
E	0678		LABEL,A/C CONDENSER		80050SS0H01	1.63			0.1	1
E	0159	07	PNL,INR FENDER FRON	RT	60610S01A20ZZ	115.93			5.6	1
L	0159		PNL,INR FENDER FRON	RT	REFINISH				0.7	4
					0.6 Surface					
					0.1 Two-stage					
E	0128	07	REINF,INNER FENDER	RT	60614S01A00ZZ	48.35			2.0	1
L	0128		REINF,INNER FENDER	RT	REFINISH				0.6	4
					0.5 Surface					
					0.1 Two-stage					
EP	0103		FENDER,FRONT	LT	AFTERMARKET NEW	107.00			1.8	1
L	0103		FENDER,FRONT	LT	REFINISH				2.8	4

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                                    1.8  Surface
                                    0.5  Edge
                                    0.5  Two-stage
EP 0104     FENDER,FRONT        RT  AFTERMARKET NEW      107.00            1.8 1
L  0104     FENDER,FRONT        RT  REFINISH                                2.8 4
                                    1.8  Surface
                                    0.5  Edge
                                    0.5  Two-stage
E  0050 01  MLDG,FENDER SIDE   L/R  75321S04A11ZD        33.98            0.1 1
E  0051 01  MLDG,FENDER SIDE   R/R  75301S04A11ZD        33.98            0.1 1
E  0722     TUBE,AIR INTAKE         17242P2FA00          21.23            0.2 2
E  0729     MOUNT,AIR CLEANER       17232P2A005           2.55            0.5 2
N  0970     SUSP ALIGN,4 WHEEL      ADDITIONAL LABOR                        2.3 2
NG 0143     WINDSHIELD,TINTED       NAGS FW822-GT       576.65  -52         2.9 1
RI 0141     MLDG,ROCKER PANEL   LT  R&I ASSEMBLY                           INC 1
RI 0142     MLDG,ROCKER PANEL   RT  R&I ASSEMBLY                           INC 1
I  0209     PNL,FRONT DOOR OUTE LT  REPAIR                                 2.5*1
L  0209     PNL,FRONT DOOR OUTE LT  REFINISH                               2.0 4
                                    1.7  Surface
                                    0.3  Two-stage
BR 0210     PNL,FRONT DOOR OUTE RT  BLEND REFINISH                         1.0 4
                                    0.8  Blend
                                    0.2  Two-stage
RI 0231     PNL,INNER DOOR TRIM LT  R&I ASSEMBLY                           0.2 1
RI 0232     PNL,INNER DOOR TRIM RT  R&I ASSEMBLY                           0.2 1
RI 0237     MLDG,FRONT DOOR BEL LT  R&I ASSEMBLY                           0.3 1
RI 0238     MLDG,FRONT DOOR BEL RT  R&I ASSEMBLY                           0.3 1
E  0052 01  MLDG,FRONT DOOR SID LT  75322S04A11ZD        95.37            0.7 1
E  0053 01  MLDG,FRONT DOOR SID RT  75302S04A11ZD        95.37            0.7 1
RI 0131     MIRROR,OUTER R/C    LT  R&I ASSEMBLY                           0.3 1
RI 0132     MIRROR,OUTER R/C    RT  R&I ASSEMBLY                           0.3 1
RI 0227     HANDLE,FRONT DOOR O LT  R&I ASSEMBLY                           0.2 1
RI 0228     HANDLE,FRONT DOOR O RT  R&I ASSEMBLY                           0.2 1
EC          COVER CAR EXTERIOR      REPLACE AFTERMARK     5.00*              1
EC          MASK JAMBS              REPLACE AFTERMARK                      1.0*1*
EC          PRIMER COVER            REPLACE AFTERMARK     3.00*            0.3*1*
I           COLOR SAND AND BUFF     REPAIR                                 2.5*1*
EC          FLEX ADDITIVE           REPLACE AFTERMARK    12.00*              1
I           SET-UP AND MEASURE      REPAIR                                 2.0*1*
I           PULL UNIBODY            REPAIR                                 4.0*3*
I           PINCHWELD REPAIR        REPAIR                                 1.0*1*
L           REFINISH PINCHWELDS     REFINISH                               1.0*4*
                                     1.0* Surface
EC          CORROSION PROTECTION    REPLACE AFTERMARK    20.00*            0.5*1*
   >>Includes all : rustproofing / undercoating / anticorrosive primer etc
EC          CAULK                   REPLACE AFTERMARK     5.00*              1
I           WIRING                  REPAIR                                 1.0*1*
I           A/M FIT TIME            REPAIR                                 1.0*1*
  68 ITEMS

                MC MESSAGE
                01 CALL DEALER FOR EXACT PART # / PRICE
                07 STRUCTURAL PART AS IDENTIFIED BY I-CAR

FINAL CALCULATIONS & ENTRIES
PARTS
  GROSS PARTS                                   $  1,081.84
  OTHER PARTS                                   $  1,246.15
```

PAINT MATERIAL $ 294.00

ADJUSTMENTS	DISCOUNT	MARKUP	
LINE ITEMS	$ 299.86		
PARTS TOTAL			$ 2,322.13
TAX ON PARTS & MATERIAL @ 5.000%			$ 116.11

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	$ 36.00	33.0	10.5	$ 1,566.00
2-MECH/ELEC	$ 36.00	0.7	4.2	$ 176.40
3-FRAME	$ 38.00		4.0	$ 152.00
4-REFINISH	$ 36.00	21.0		$ 756.00
5-PAINT	$ 14.00			

LABOR TOTAL $ 2,650.40
TAX ON LABOR @
SUBLET REPAIRS
TOWING
STORAGE

GROSS TOTAL $ 5,088.64
LESS: DEDUCTIBLE UNKNOWN-

NET TOTAL $ 5,088.64

UNRELATED PRIOR DAMAGE

OP	GDE	DESCRIPTION	MFR.PART NO.	PRICE	HOURS R
UP	0209	PNL,FRONT DOOR OUTE LT	UNRELATED PRIOR		1.0*1
	>>Minor scuff marks				
UP	0290	PNL,REAR DOOR OUTER RT	UNRELATED PRIOR		1.0*1
	>>Minor dent				
UP	0566	COVER,REAR BUMPER	UNRELATED PRIOR	101.50*	1.2*1
	>>Lt end is cracked				
UP	0920	COVER,FRONT WHEEL LT	UNRELATED PRIOR	18.53*	0.1*1
UP	0921	COVER,FRONT WHEEL RT	UNRELATED PRIOR	18.53*	0.1*1

UNRELATED PRIOR DAMAGE PARTS TOTAL	$	138.56
UNRELATED PRIOR DAMAGE LABOR TOTAL	$	122.40
TOTAL UNRELATED PRIOR DAMAGE	$	260.96

PXN Y/06/05/00/01/01 CUM 06/05/00/01/01 Geocode: 01608 WORCESTER
ADP PENPRO W0405 ES LOG1202 -0 06-13-03 14:20:02 REL 4.05 SW01/03 DT05/03

4.0 HRS WERE ADDED TO THIS EST. BASED ON ADP'S TWO-STAGE REFINISH FORMULA. ESTIMATE CALCULATED USING THE 2.5 HOUR MAXIMUM ALLOWANCE FOR TWO-STAGE REFINISH OF NON-FLEX, EXTERIOR SURFACES.
THE REPAIR ESTIMATE IS BASED IN PART ON THE USE OF REPLACEMENT PARTS WHICH ARE NOT MADE BY THE ORIGINAL MANUFACTURER OF THE DAMAGED PARTS IN YOUR VEHICLE. WARRANTIES, IF ANY, APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THEIR MANUFACTURER OR SUPPLIER RATHER THAN THE MANUFACTURER OF YOUR VEHCILE.

THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF OTHER AFTERMARKET

PARTS SUPPLIED BY A SOURCE OTHER THAN THE ORIGINAL MANUFACTURER.
SUPPLEMENTAL REPAIR CHARGES MAY BE REJECTED UNLESS APPROVED BY THE TRAVELERS PRIOR TO REPAIRS. THIS INSTRUMENT IS NOT AN AUTHORIZATION TO REPAIR. REPAIR MUST BE AUTHORIZED BY THE OWNER.
PAYMENT SUBJECT TO CONFIRMATION OF COVERAGE AND OR LIABILITY.

VEHICLE
2000 HONDA CIVIC VP 4 DR SEDAN
4CYL GASOLINE 1.6
OPTIONS
TWO-STAGE - EXTERIOR SURFACES
POWER DOOR LOCKS
AUTOMATIC TRANS
TWO-STAGE - INTERIOR SURFACES
AIR CONDITIONING
U.S.A. BUILT VEHICLE

PART DESCRIPTION	SUPPLIER PART NUMBER	SUBSTITUTED FOR OEM PART NUMBER	SUPPLIER CODE	CLS	SRC
FRONT BUMPER					
Cover,Front Bumper					
	2911902	04711S01A01ZZ	>004	C	1
	HO1000184	04711S01A01ZZ	003	C	1
FRONT END PANEL AND LAMPS					
Headlamp Assy,Halogen LT					
	HO2502113P+	33151S01A02	>001		1
	2911263	33151S01A02	002		1
Headlamp Assy,Halogen RT					
	HO2503113P+	33101S01A02	>001		1
	2911264	33101S01A02	002		1
FRONT BODY AND WINDSHIELD					
Fender,Front LT					
	2911313	60261S01A10ZZ	>004	C	1
	HO1240151	60261S01A10ZZ	003	C	1
Fender,Front RT					
	2911314	60211S01A10ZZ	>004	C	1
	HO1241151	60211S01A10ZZ	003	C	1

> = ESTIMATE TOTAL IS BASED ON PRICE QUOTED BY THIS SUPPLIER

KEY TO CLASSIFICATION/SOURCE CODES

CLS = CLASSIFICATION CODE:
C - CAPA CERTIFIED PART QUOTED BY LISTED SUPPLIER
M - REMANUFACTURED/REBUILT PART
R - RECONDITIONED PART
SRC = SOURCE CODE:
1 - NON ORIGINAL EQUIPMENT MANUFACTURER PART
3 - ORIGINAL EQUIPMENT MANUFACTURER (OEM) PART

DETAILED DISTRIBUTOR LIST

001 - PXN0061
KEYSTONE AUTO
250 JOHN HANCOCK ROAD
TAUTON, MA 02780
(800) 348-9355 (508) 823-7072

002 - PXN1264
VENG USA
65 VINEYARD ROAD
SEEKONK, MA 02771
(800) 522-8364 (508) 399-6510

003 - PXN3061
KEYSTONE AUTO CERT

E 0306249

Commonwealth of Massachusetts

Motor Vehicle Crash Exchange Form

Date of Crash: 6/11/03 | Time of Crash: 1613 2400 | City/Town: Medway

AT INTERSECTION: | LOCATION | NOT AT INTERSECTION:

Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersecting with
Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # 19 | Name of Roadway/Street Baker St.
___ Feet [N][S][E][W] of Mile Marker ___ or Exit Number
___ Feet [N][S][E][W] of Route# | Intersecting Roadway/Street
___ Feet [N][S][E][W] of Landmark

Please select One of the following: ☐ Vehicle 1 __ # Occupants ☐ Hit/Run ☐ Moped

License # ___ St ___ DOB/Age ___
Sex __ Lic. Class [18] [ ] Lic. Restrictions [19] CDL Endorsement ___
Operator ___ Last First Middle
Address ___
City ___ State __ Zip ___
Insurance Company ___

Reg # ___ Reg Type ___ Reg State ___
Veh Year 2000 Veh Make ___ Veh Config [20] [ ]
Owner ___ Last First Middle
Address ___
City ___ State ___ Zip ___

According to Massachusetts General Law, Chapter 90, Section 26: If the damage to any one vehicle or property is over $1,000 or if there is an injury to any person, you are required to complete a crash report within 5 days of the date of the crash.

Please obtain a copy of the operator crash report from your local police department, Registry branch office or from the RMV Website WWW.MASSRMV.COM and submit the original to:

Registry of Motor Vehicles
P.O. Box 199100
Boston, MA 02119
Attn: Accident Records

Also, be sure to forward a copy to your insurance agency, the local police department where the crash occurred, and retain a copy for yourself.

If you would like to obtain a copy of the police report or another operator report, please send a letter to the address above with a check for $10 for each requested report made payable to: RMV. Please specify which report you are requesting and list the date and time of the crash and city/town where it occurred along with your name, address and the registration number of at least one vehicle involved.

Please select One of the following: ☐ Vehicle 2 0 # Occupants ☐ Non-Motorist A Type [14] Action [15] Location [16] Condition [17] ☐ Hit/Run ☐ Moped

License # 031602639 St MA DOB/Age 11/16/60
Sex ___ Lic. Class [18] [ ] Lic. Restrictions [19] CDL Endorsement ___
Operator ___ Last First Middle
Address ___
City ___ State ___ Zip ___
Insurance Company Travelers Indemnity

Reg # ___ Reg Type ___ Reg State ___
Veh Year 2002 Veh Make ___ Veh Config [20] [ ]
Owner ___ Last First Middle
Address ___
City ___ State MA Zip ___

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I 036 6249

Commonwealth of Massachusetts
Motor Vehicle Crash Exchange Form

Date of Crash: 6/11/03 | Time of Crash: 1613 | City/Town: | State Police / Local Police / MDC Police / Other:

AT INTERSECTION: | **LOCATION** | **NOT AT INTERSECTION:**

Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street
____ Feet [N][S][E][W] of ____ Mile Marker or ____ Exit Number
____ Feet [N][S][E][W] of Route# ____ Intersecting Roadway/Street
____ Feet [N][S][E][W] of ____ Landmark

Please Select One of the Following: ☐ Vehicle 2 ☐ Occupants | ☐ Hit/Run | ☐ Moped

License # ____ St ____ DOB/Age ____
Sex ____ Lic Class [18][18] Lic Restrictions [19] CDL Endorsement
Operator ____ (Last, First, Middle)
Address ____
City ____ State ____ Zip ____
Insurance Company ____

Reg # A23710 Reg Type ____ Reg State ____
Veh Year ____ Veh Make Suzi Veh Config. [20]
Owner ____ (Last, First, Middle)
Address ____
City Medway State MA Zip ____

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Please Select One of the Following: ☐ Vehicle 2 ___# Occupants | ☐ Non-Motorist A Type [14] Action [15] Location [16] Condition [17] | ☐ Hit/Run | ☐ Moped

License # ____ St ____ DOB/Age ____
Sex ____ Lic Class [18][18] Lic Restrictions [19] CDL Endorsement
Operator ____ (Last, First, Middle)
Address ____
City ____ State ____ Zip ____
Insurance Company ____

Reg # ____ Reg Type ____ Reg State ____
Veh Year ____ Veh Make ____ Veh Config. [20]
Owner ____ (Last, First, Middle)
Address ____
City ____ State ____ Zip ____

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THE PREMIER INSURANCE COMPANY OF MASSACHUSETTS
TANYA KONALCZYK
10 CHESTNUT ST STE 300
WORCESTER MA 01608-2804
(800) 295-8863
(508) 751-4297

September 9, 2003

MEDWAY MA

Insured:
Claimant:
Claim/File #: [redacted]
Date of Loss: 06/11/2003
Reference #:

Dear [redacted]

We have learned that you were injured in an auto accident on the date above. According to Massachusetts law, you may be eligible for payment of reasonable expenses for necessary medical treatment, as well as 75% of the wages you actually lose as a result of the auto accident. The coverage is afforded under the Personal Injury Protection (PIP) Coverage of either (1) the auto insurance policy for the auto you were occupying when injured, (2) the auto insurance policy for the auto that struck you as a pedestrian or (3) a household auto insurance policy if you were injured while occupying or struck by an uninsured auto. Based on information received to date, you may be eligible for these PIP benefits under an auto policy issued by The Premier Insurance Company of Massachusetts.

You must submit any claim for PIP benefits as soon as practicable after the auto accident. We have enclosed a document entitled "Application for Benefits-Personal Injury Protection". Please complete the form (remember to sign it and the attached authorizations) and return it to me promptly so that we may determine your eligibility for PIP benefits. You may enclose any medical bills and/or medical reports you have received. **Failure to submit the application promptly may affect your eligibility for PIP Benefits.** Please continue to forward your medical bills for treatment related to the accident as you receive them. Also, please advise me promptly of any referral to other medical providers.

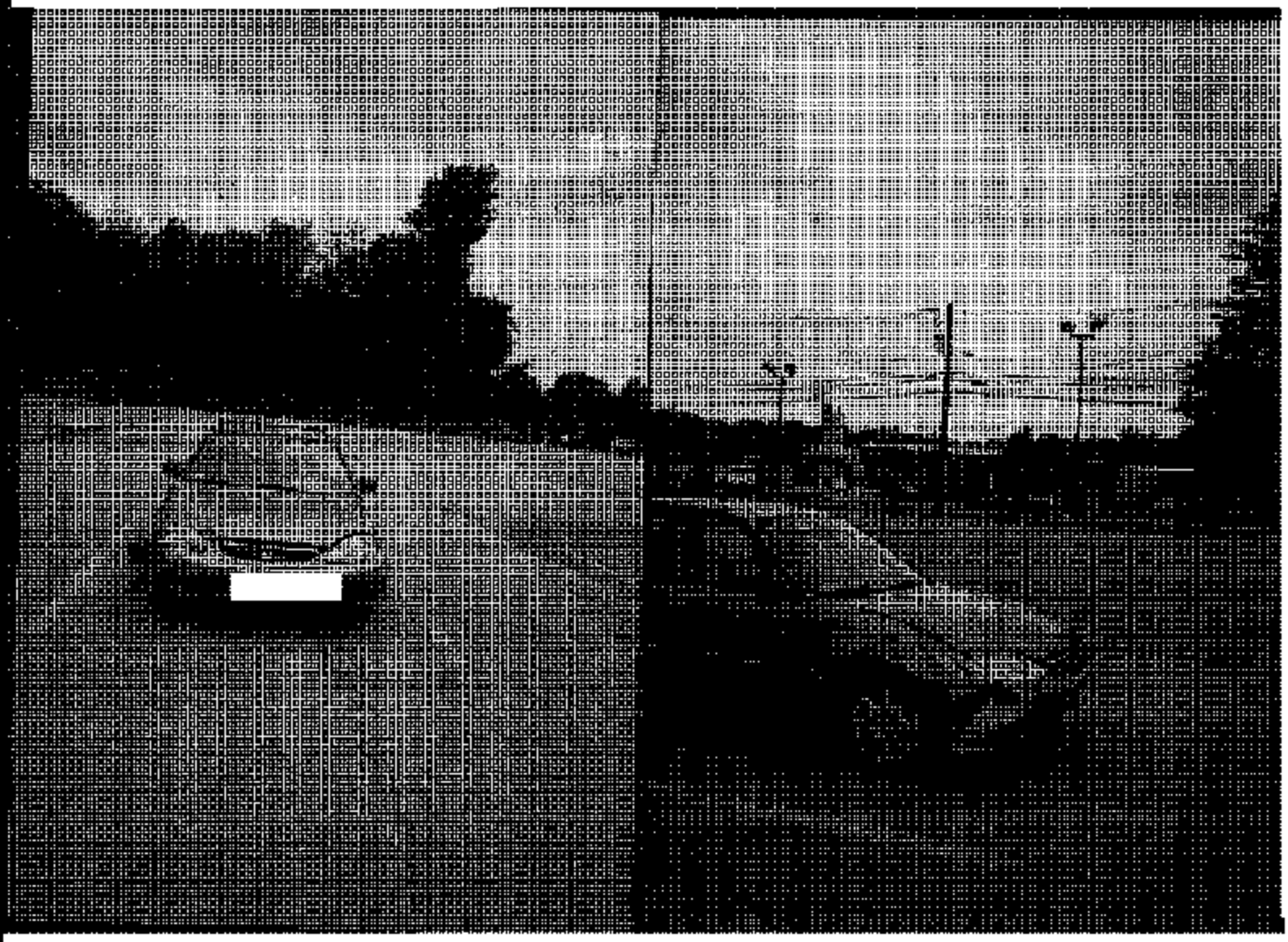
If you have a separate health insurance plan, you are entitled to up to $2,000 in PIP reimbursement for medical expenses, subject to all the terms and restrictions of the PIP Coverage. After the first $2,000 in medical benefits, your health insurance becomes the primary coverage and the PIP Coverage only applies to bills or portions of bills not paid by your health insurance. Deductibles and co-payments are typical examples.

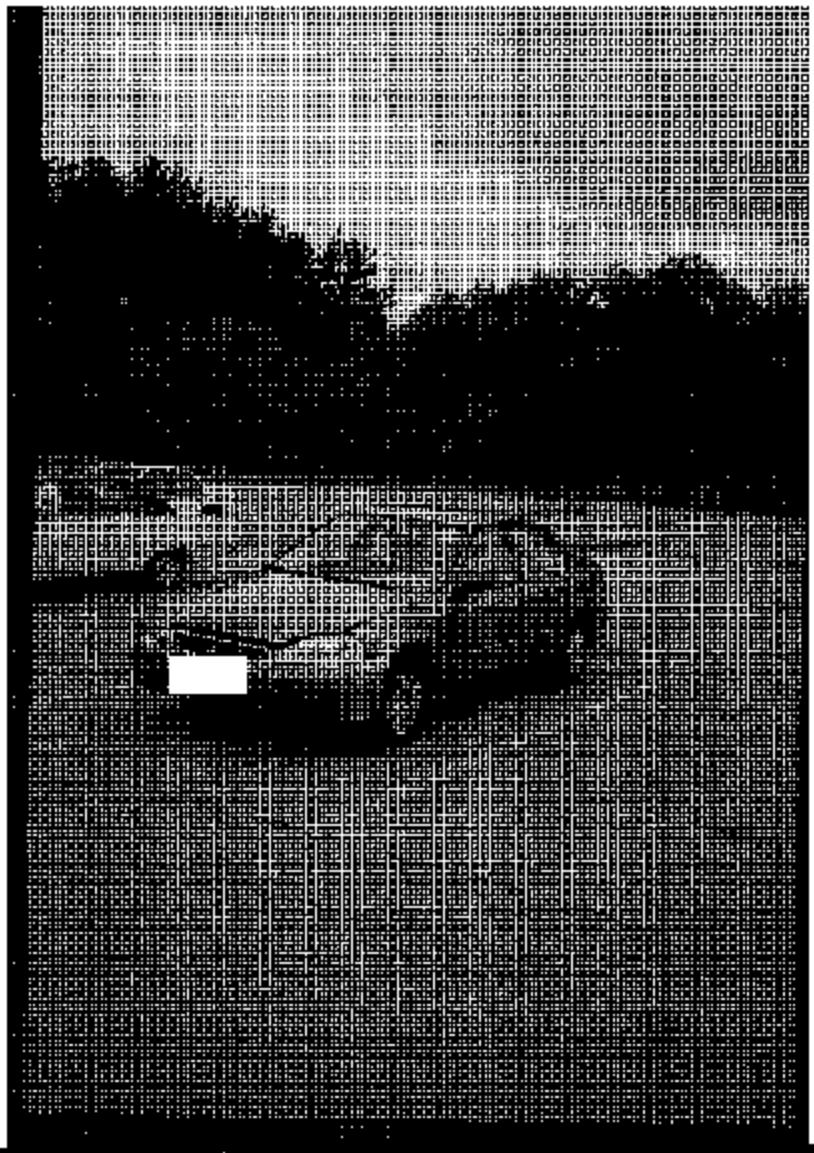
The Supreme Judicial Court (SJC) of Massachusetts has held that auto insurers are not required to reimburse PIP claimants, beyond the first $2,000 in medical expenses, for bills that a health insurer denies because of the failure to comply with the provisions of the health insurance contract. For example, if your health plan requires that you receive treatment only from providers authorized by the health plan, we are not required to pay a PIP claim for any expenses that your health insurer denied because you obtained treatment from a medical provider not authorized by your health plan. We inform you of this SJC decision now so you can plan your treatment accordingly.

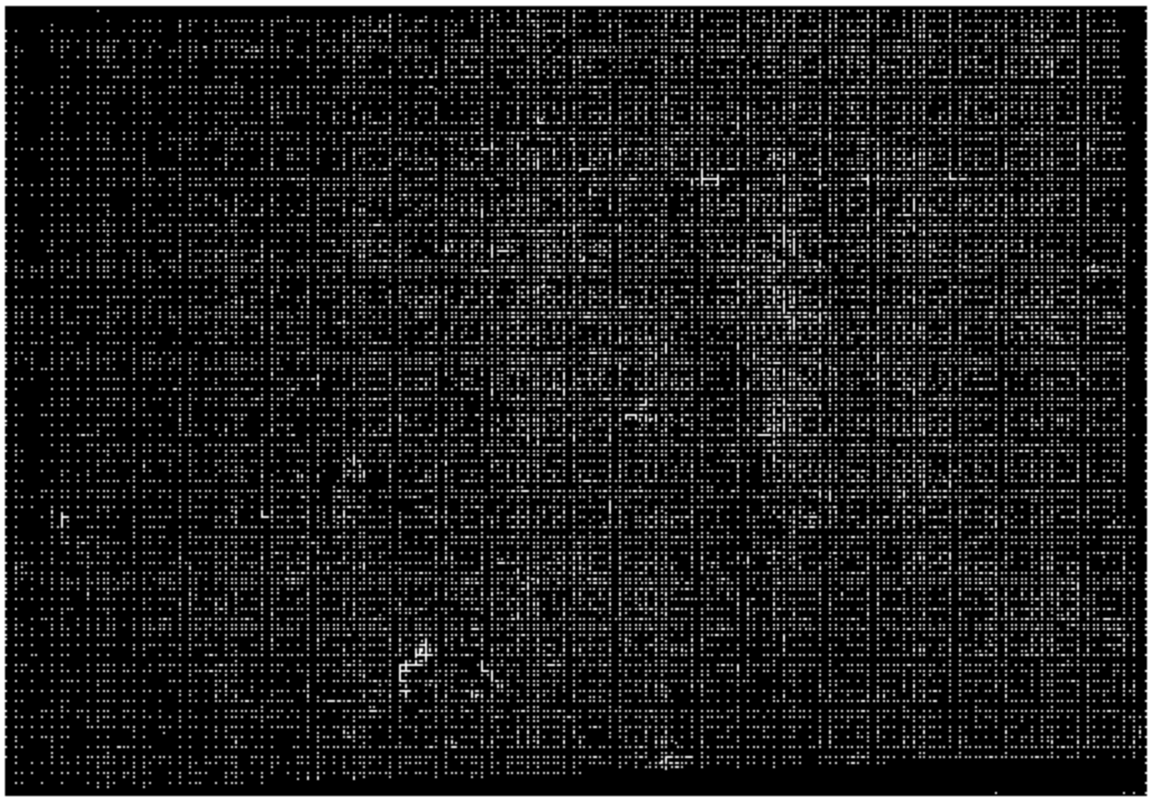
You may receive a call from an Injury Coordinator to participate in our VOLUNTARY NETWORK ACCESS PROGRAM. If you are interested, and if you do not belong to an HMO or PPO, the Injury Coordinator will put you in touch with a doctor from a network of preferred providers. If you have not yet heard from our Injury Coordinator, but you would like to participate in our VOLUNTARY NETWORK ACCESS PROGRAM, please call 1-888-293-4779 for the names of providers in your area. When you contact one of our network providers please state that you are participating in the Premier Insurance Company's VOLUNTARY NETWORK ACCESS PROGRAM. Please take this letter to all visits. The doctor you select will make all necessary referrals for tests and consultations. Please instruct the doctor to submit all medical bills and reports to me.

Please call me with any questions.

TANYA KOWALCZYK
Claim Representative
(508) 751-4297
Fax:
Email:







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.