



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

15-NOV-2004

Repository

Reference No. 8: 10
10099826

OWNER INFORMATION (Type or Print)

Name

Address

City

PLAINVIEW

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

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

SHSRD78804U

Make

HONDA

Model

CR-V

Model Year

2004

Date Purchased

8-30-04

Dealer's Name and Telephone Number

Huntington Honda

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

Huntington

State

N.Y.

Zip Code

11742

Transmission Type:

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

04-NOV-2004

Failure Mileage

4000

Failure Speed

45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/B5R15)

DOT No. (Example: DOTM19ABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

0

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 45 MPH CONSUMER'S VEHICLE WAS INVOLVED IN A FRONTAL COLLISION. UPON IMPACT, DUAL AIRBAGS DID NOT DEPLOY. NO INJURIES REPORTED. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The 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.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19

1		Month 11		Day 4		Year 2004		Day of Week Thursday		Military Time 20:59		No. of Vehicles 3		No. Injured 1		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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VEHICLE 1 - Driver VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2		VEHICLE 1 - Driver License ID Number		State of Lic. NY	
3		Driver Name - exactly as printed on license		Apt. No.	
4		Address (include Number and Street)		City or Town GLEN OAKS	
5		City or Town GLEN OAKS		State NY	
6		Date of Birth Month 9 Day 25 Year 1974		Sex M	
7		Unlicensed <input type="checkbox"/>		No. of Occupants 01	
8		Public Property Damaged <input type="checkbox"/>		Name - exactly as printed on registration	
9		Sex M		Date of Birth Month 9 Day 25 Year 1974	
10		Apt. No.		Released <input type="checkbox"/>	
11		City or Town GLEN OAKS		State NY	
12		Plate Number		State of Reg. NY	
13		Vehicle Year & Make 1997 PONT		Vehicle Type	
14		Title/Arrest Number(s)		Ins. Code 162	
15		Violation Section(s)			

6		Check if involved vehicle is: <input type="checkbox"/> more than 85 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overload/extension permit.		VEHICLE DAMAGE CODES											
7		Box 1 - Point of Impact		Box 2 - Most Damage											
8		Enter up to three more damage codes													
9		Vehicle Br. Towed: To		Vehicle Br. Towed: To											
10		VEHICLE DAMAGE CODING: 1-19 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER													
11		Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.		<table border="1"> <tr> <td>Rear End</td> <td>Left Turn</td> <td>Right Angle</td> <td>Right Turn</td> <td>Head On</td> </tr> <tr> <td>Side/Swipe (same direction)</td> <td>Left Turn</td> <td></td> <td>Right Turn</td> <td>Side/Swipe (opposite direction)</td> </tr> </table>		Rear End	Left Turn	Right Angle	Right Turn	Head On	Side/Swipe (same direction)	Left Turn		Right Turn	Side/Swipe (opposite direction)
Rear End	Left Turn	Right Angle	Right Turn	Head On											
Side/Swipe (same direction)	Left Turn		Right Turn	Side/Swipe (opposite direction)											
12		ACCIDENT DIAGRAM		9.											
13		Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No													

14		Reference Marker		Coordinates (if available)	
15		Latitude/Longitude		Place Where Accident Occurred:	
16		Longitude/Easting		County <u>NASSAU</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	
17				Road on which accident occurred _____ (Route Number or Street Name)	
18				at 1) intersecting street _____ (Route Number or Street Name)	
19				or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S of _____ (Milepost, Nearest Intersecting Route Number or Street Name)	
20		Accident Description/Officer's notes			

ALL INVOLVED	Names of all involved																	Date of Death Only	
	B	9	10	11	12	13	14	15	16	17	BY	TQ	18						
A																			
B																			
C																			
D																			
E																			
F																			

Officer's Rank and Signature Trooper <i>D. R. Serrano</i>		Badge ID No. 2958		NCR No. 15103		Precinct/Post Troop/Zone L1		Station/Beat Sector 31		Reviewing Officer Granville, Michael A		Date/Time Reviewed 11/6/2004 16:50	
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
[Redacted]

19
66

1 Accident Date: Month 11, Day 4, Year 2004. Day of Week: Thursday. Military Time: 20:59. No. of Vehicles: 3. No. Injured: 1. No. Killed: 0. Not Investigated at Scene: [] Accident Reconstructed: [] Left Scene: [] Police Photos: [] Yes [] No

VEHICLE 1 [] VEHICLE 2 [] BICYCLIST [] PEDESTRIAN [] OTHER PEDESTRIAN []

2 VEHICLE 1 - Driver License ID Number: [Redacted] State of Lic.: NY. VEHICLE 2 - Driver License ID Number: [Redacted] State of Lic.: NY. Driver Name - as printed on license: [Redacted]

Address (Include Number and Street): [Redacted] Apt. No.: [Redacted]

City or Town: PLAINVIEW, State: NY, Zip Code: [Redacted]. City or Town: STATEN ISLAND, State: NY, Zip Code: [Redacted]

3 Date of Birth: Month 3, Day 31, Year 1941. Sex: M. Unlicensed: [] No. of Occupants: 01. Public Property Damaged: [] Date of Birth: Month 8, Day 16, Year 1964. Sex: F. Unlicensed: [] No. of Occupants: 01. Public Property Damaged: []

Name - as printed on registration: [Redacted] Sex: M, Date of Birth: Month 3, Day 31, Year 1941. Name - as printed on registration: [Redacted] Sex: F, Date of Birth: Month 8, Day 16, Year 1964.

4 City or Town: PLAINVIEW, State: NY, Zip Code: [Redacted]. City or Town: STATEN ISLAND, State: NY, Zip Code: [Redacted]

5 Plate Number: [Redacted] State of Reg.: NY, Vehicle Year & Make: 2004 HOND. Plate Number: [Redacted] State of Reg.: NY, Vehicle Year & Make: 2001 FORD. Vehicle Type: [Redacted] Ins. Code: 331, 639

4 Ticket/Arrest Number(s): [Redacted] Violation Section(s): [Redacted]

6 Check if involved vehicle is: [] more than 85 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overdimension permit.

VEHICLE DAMAGE CODES: Box 1 - Point of Impact: [Redacted] Box 2 - Most Damage: [Redacted]

VEHICLE DAMAGE CODES: Box 1 - Point of Impact: [Redacted] Box 2 - Most Damage: [Redacted]

7 Enter up to three more damage codes: [Redacted]

1 Vehicle Br: SABRE TOW Towed To: SABRE TOW. Vehicle Br: [Redacted] Towed To: [Redacted]

VEHICLE DAMAGE CODES: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER



Cost of repairs to any one vehicle will be more than \$1000. [] Unknown/Unable to determine [X] Yes [] No

Reference Marker: 9 0 8 G. Coordinates (if available): Latitude/Northing: [Redacted] Longitude/Easting: [Redacted]

Place Where Accident Occurred: County: NASSAU [] City [] Village [] Town of OYSTER BAY. Road on which accident occurred: NORTHERN STATE PKWY W/B E/35

at 1) intersecting street: [Redacted] or 2) [Redacted] of EXYT 35 (RTE 106/107)

Accident Description/Officer's notes: OP. V1 TRAVELING LANE 1 W/B NORTHERN STATE PKWY. OPV2 AND OPV3 TRAVELING W/B NSP. OPV2 LOSES CONTROL ON WET PAVEMENT THUS STRIKING OPV1. OPV1 LOSES CONTROL AND CROSSES INTO LANE 2 AND STRIKES OPV3 HEAD ON.

ALL INVOLVED

Table with columns: B, 9, 10, 11, 12, 13, 14, 15, 16, 17BY, TO 18, Names of all involved, Date of Death Only

Table with columns: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ

Officer's Rank and Signature: Trooper [Signature]. Badge ID No.: [Redacted] NCCIC No.: [Redacted] Precinct/Post Troop/Zone: L1. Station/Beat Sector: 31. Reviewing Officer: Granville, Michael A. Date/Time Reviewed: 11/6/2004 16:50

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Code
[Redacted]

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Thursday	20:59	3	1	0	Accident Reconstructed <input checked="" type="checkbox"/>		
11	4	2004								

NOT TO SCALE



**NORTHERN STATE
PARKWAY**





