



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 100248

Date Received

02-FEB-2005

Repository ☐

Reference No.  
10109533

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City NEW YORK State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] 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 2/1/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMDU34X2NU [REDACTED] Make FORD Model EXPLORER Model Year 1992

Date Purchased 7/13/00 Dealer's Name and Telephone Number  
Original Owner ☐ Dealer's City State Zip Code  
Engine: No: Cylinders 6 Fuel Type: Gas

Transmission Type ☐ Antilock Brakes Powertrain ALL WHEEL DRIVE Vehicle Component Code 180000 VEHICLE SPEED CONTROL  
AUTOMATIC ☐ Cruise Control Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 14-JAN-2005 Failure Mileage Failure Speed

**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: DOTM9ABC036) ☐ Original Equipment Failure Location:  
☐ Prior Repair  
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 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).

VEHICLE EXPERIENCED SUDDEN ACCELERATION, VEHICLE FAILED TO STOP, AND RESULTING IN A CRASH. MANUFACTURER WAS NOTIFIED BY CONSUMER. \*AK

*The vehicle experience sudden acceleration  
crashed into the corner store - Palmer 2405 2nd  
Ave E 123rd St. Note: They have video of  
accident -> turn over.*

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.

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

On January 14, 2005 at approximately 9:58 am while I was parked in front of a store #2405 on the w/s of 923rd St & 2nd Ave. going south, waiting for time to exit car; Alternative side parking in effect at 10 am. I attempted to turn the car off and exit the vehicle, when the car accelerated, hit the car in front and then continued onto the side walk, where it crashed into the store. The car was towed by order of the police dept. and is still impounded because I have no money to pay the outstanding fees.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

**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

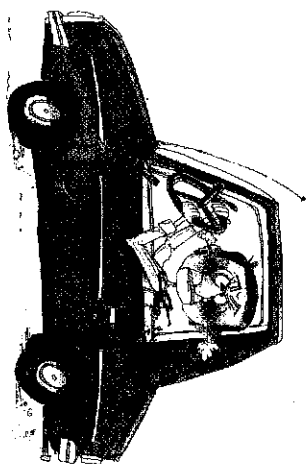
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
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[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/01)

Precinct 025  
 Accident No. 82

Complaint  
Number☐ AMENDED REPORT

|    |   |  |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                                                           |                                                     |         |
|----|---|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|---------|
| 1  | X |  | Accident Date<br>Month <u>01</u> Day <u>14</u> Year <u>2005</u>                                                                                                                                                                                                                                                           | Day of Week<br><u>FR</u>                                                                                                                          | Military Time<br><u>1030</u>                                                                                                                                                                                                                                                                             | No. of Vehicles<br><u>1</u>                                                                                                                                                                                                                                                                                                                 | No. Injured<br><u>1</u>                                                                                                                            | No. Killed<br><u>0</u>                                                                                                                            | Not Investigated at Scene <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Left Scene <input type="checkbox"/>                                     | Police Photos<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 19<br><u>60</u>                                     |         |
| 2  | X |  | VEHICLE 1<br>VEHICLE 1 - Driver License ID Number <u>[REDACTED]</u> State of Lic. <u>NY</u><br>Driver Name - exactly as printed on license <u>[REDACTED]</u><br>Address (Include Number & Street) <u>[REDACTED]</u> Apt. No. <u>[REDACTED]</u><br>City or Town <u>NEW YORK</u> State <u>NY</u> Zip Code <u>[REDACTED]</u> |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                          | VEHICLE 2<br>VEHICLE 2 - Driver License ID Number <u>[REDACTED]</u> State of Lic. <u>[REDACTED]</u><br>Driver Name - exactly as printed on license <u>[REDACTED]</u><br>Address (Include Number & Street) <u>[REDACTED]</u> Apt. No. <u>[REDACTED]</u><br>City or Town <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u> |                                                                                                                                                    |                                                                                                                                                   | <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         | 21<br>X                                                                   |                                                     |         |
| 3  | 2 |  | Date of Birth<br>Month <u>5</u> Day <u>25</u> Year <u>58</u>                                                                                                                                                                                                                                                              | Sex<br><u>F</u>                                                                                                                                   | Unlicensed<br><input type="checkbox"/>                                                                                                                                                                                                                                                                   | No. of Occupants<br><u>1</u>                                                                                                                                                                                                                                                                                                                | Public Property Damaged<br><input checked="" type="checkbox"/>                                                                                     | Date of Birth<br>Month <u>6</u> Day <u>12</u> Year <u>37</u>                                                                                      | Sex<br><u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Unlicensed<br><input type="checkbox"/>                                  | No. of Occupants<br><u>[REDACTED]</u>                                     | Public Property Damaged<br><input type="checkbox"/> | 22<br>X |
| 4  | 1 |  | Name - exactly as printed on registration <u>[REDACTED]</u> Sex <u>[REDACTED]</u> Date of Birth<br>Month <u>[REDACTED]</u> Day <u>[REDACTED]</u> Year <u>[REDACTED]</u>                                                                                                                                                   | Address (Include Number & Street) <u>[REDACTED]</u> Apt. No. <u>[REDACTED]</u> Haz. Mat. Code <u>[REDACTED]</u> Released <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                          | Name - exactly as printed on registration <u>[REDACTED]</u> Sex <u>[REDACTED]</u> Date of Birth<br>Month <u>[REDACTED]</u> Day <u>[REDACTED]</u> Year <u>[REDACTED]</u>                                                                                                                                                                     |                                                                                                                                                    | Address (Include Number & Street) <u>[REDACTED]</u> Apt. No. <u>[REDACTED]</u> Haz. Mat. Code <u>[REDACTED]</u> Released <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City or Town <u>NEW YORK</u> State <u>NY</u> Zip Code <u>[REDACTED]</u> |                                                                           | 23<br><u>5</u>                                      |         |
| 5  | 1 |  | Ticket/Arrest Number(s)<br><u>[REDACTED]</u>                                                                                                                                                                                                                                                                              | Violation Section(s)<br><u>[REDACTED]</u>                                                                                                         |                                                                                                                                                                                                                                                                                                          | Ticket/Arrest Number(s)<br><u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                |                                                                                                                                                    | Violation Section(s)<br><u>[REDACTED]</u>                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City or Town <u>NEW YORK</u> State <u>NY</u> Zip Code <u>[REDACTED]</u> |                                                                           | 24<br>X                                             |         |
| 6  | 2 |  | Check if involved vehicle is:<br><input type="checkbox"/> more than 95 inches wide;<br><input type="checkbox"/> more than 34 feet long;<br><input type="checkbox"/> operated with an overweight permit;<br><input type="checkbox"/> operated with an overdimension permit.                                                |                                                                                                                                                   | Check if involved vehicle is:<br><input type="checkbox"/> more than 95 inches wide;<br><input type="checkbox"/> more than 34 feet long;<br><input type="checkbox"/> operated with an overweight permit;<br><input type="checkbox"/> operated with an overdimension permit.                               |                                                                                                                                                                                                                                                                                                                                             | Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.                                   |                                                                                                                                                   | Rear End <input type="checkbox"/> Left Turn <input type="checkbox"/> Right Angle <input type="checkbox"/> Right Turn <input type="checkbox"/> Head On <input type="checkbox"/><br>Overtaking <input type="checkbox"/> Left Turn <input type="checkbox"/> Right Turn <input type="checkbox"/> Sideswipe <input type="checkbox"/><br>1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> |                                                                         | 25<br><u>10</u>                                                           |                                                     |         |
| 7  | 3 |  | VEHICLE 1 DAMAGE CODES<br>Box 1 - Point of Impact <u>3</u><br>Box 2 - Most Damage <u>3</u><br>Enter up to three more Damage Codes <u>2</u> <u>1</u> <u>5</u>                                                                                                                                                              |                                                                                                                                                   | VEHICLE 2 DAMAGE CODES<br>Box 1 - Point of Impact <u>1</u><br>Box 2 - Most Damage <u>2</u><br>Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             | ACCIDENT DIAGRAM<br>E S W<br>N Z<br>E 123 ST<br>2ND AVE                                                                                            |                                                                                                                                                   | Cost of repairs to any one vehicle will be more than \$1000.<br><input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | 26<br>X                                                                   |                                                     |         |
| 8  | 1 |  | VEHICLE DAMAGE CODING:<br>1-13. SEE DIAGRAM ON RIGHT.<br>14. UNDERCARRIAGE 17. DEMOLISHED<br>15. TRAILER 18. NO DAMAGE<br>16. OVERTURNED 19. OTHER                                                                                                                                                                        |                                                                                                                                                   | Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND<br>Road on which accident occurred <u>2ND AVE E 123 ST.</u><br>(Route Number or Street Name) |                                                                                                                                                                                                                                                                                                                                             | at 1) intersecting street _____ (Route Number or Street Name)<br>or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name) |                                                                                                                                                   | Reference Marker<br>Coordinates (if available)<br>Latitude/Northing:<br>Longitude/Easting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | 27<br><u>2</u>                                                            |                                                     |         |
| 9  | 1 |  | Accident Description/Officer's Notes <u>DRIVER OF VEH#1 STATES SHE WAS PARKED AT LOCATION WAITING FOR PARKING SPOT WHEN VEH "JUST SHOT OUT INTO GEAR" VEH#1 THEN SUMMED INTO FRONT FACADE OF STORE AT 2401 2ND AVE</u>                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                                                           | 28<br>X                                             |         |
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| 28 | 1 |  | Accident Description/Officer's Notes <u>DRIVER OF VEH#1 STATES SHE WAS PARKED AT LOCATION WAITING FOR PARKING SPOT WHEN VEH "JUST SHOT OUT INTO GEAR" VEH#1 THEN SUMMED INTO FRONT FACADE OF STORE AT 2401 2ND AVE</u>                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                                                           |                                                     |         |
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| 30 | 1 |  | Accident Description/Officer's Notes <u>DRIVER OF VEH#1 STATES SHE WAS PARKED AT LOCATION WAITING FOR PARKING SPOT WHEN VEH "JUST SHOT OUT INTO GEAR" VEH#1 THEN SUMMED INTO FRONT FACADE OF STORE AT 2401 2ND AVE</u>                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                                                           |                                                     |         |

|                                                    |   |    |                             |    |    |                          |    |    |                       |    |      |                         |                       |  |                                         |  |  |                                     |  |  |
|----------------------------------------------------|---|----|-----------------------------|----|----|--------------------------|----|----|-----------------------|----|------|-------------------------|-----------------------|--|-----------------------------------------|--|--|-------------------------------------|--|--|
| 8                                                  | 9 | 10 | 11                          | 12 | 13 | 14                       | 15 | 16 | 17                    | BY | TO   | 18                      | Names of all involved |  | Date of Death Only                      |  |  |                                     |  |  |
| A                                                  | 1 | 1  | 4                           | 1  |    | F                        | 4  | 12 | 6                     |    | 7215 |                         |                       |  |                                         |  |  |                                     |  |  |
| B                                                  |   |    |                             |    |    |                          |    |    |                       |    |      |                         |                       |  |                                         |  |  |                                     |  |  |
| C                                                  |   |    |                             |    |    |                          |    |    |                       |    |      |                         |                       |  |                                         |  |  |                                     |  |  |
| D                                                  |   |    |                             |    |    |                          |    |    |                       |    |      |                         |                       |  |                                         |  |  |                                     |  |  |
| E                                                  |   |    |                             |    |    |                          |    |    |                       |    |      |                         |                       |  |                                         |  |  |                                     |  |  |
| F                                                  |   |    |                             |    |    |                          |    |    |                       |    |      |                         |                       |  |                                         |  |  |                                     |  |  |
| Officer's Rank and Signature<br><u>P.O. MORELO</u> |   |    | Tax ID No.<br><u>928813</u> |    |    | NCIC No.<br><u>03030</u> |    |    | Precinct<br><u>25</u> |    |      | Post/Sector<br><u>B</u> |                       |  | Reviewing Officer<br><u>[Signature]</u> |  |  | Date/Time Reviewed<br><u>1/16/5</u> |  |  |

**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must correspond with letter designation on front).

|                                                                                                                                                                                                                                                      |  |                                                                                              |  |                                                                                                                                                                                                                                                      |  |                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|
| A Last Name <span style="background-color: black; color: black;">[REDACTED]</span> M.I.                                                                                                                                                              |  |                                                                                              |  | D Last Name <span style="background-color: black; color: black;">[REDACTED]</span> First <span style="background-color: black; color: black;">[REDACTED]</span> M.I.                                                                                 |  |                                                                                              |  |
| Address <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                       |  |                                                                                              |  | Address <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                       |  |                                                                                              |  |
| Date of Birth<br>Month <span style="background-color: black; color: black;">[REDACTED]</span> Day <span style="background-color: black; color: black;">[REDACTED]</span> Year <span style="background-color: black; color: black;">[REDACTED]</span> |  | Telephone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span> |  | Date of Birth<br>Month <span style="background-color: black; color: black;">[REDACTED]</span> Day <span style="background-color: black; color: black;">[REDACTED]</span> Year <span style="background-color: black; color: black;">[REDACTED]</span> |  | Telephone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span> |  |
| B Last Name <span style="background-color: black; color: black;">[REDACTED]</span> First <span style="background-color: black; color: black;">[REDACTED]</span> M.I.                                                                                 |  |                                                                                              |  | E Last Name <span style="background-color: black; color: black;">[REDACTED]</span> First <span style="background-color: black; color: black;">[REDACTED]</span> M.I.                                                                                 |  |                                                                                              |  |
| Address <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                       |  |                                                                                              |  | Address <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                       |  |                                                                                              |  |
| Date of Birth<br>Month <span style="background-color: black; color: black;">[REDACTED]</span> Day <span style="background-color: black; color: black;">[REDACTED]</span> Year <span style="background-color: black; color: black;">[REDACTED]</span> |  | Telephone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span> |  | Date of Birth<br>Month <span style="background-color: black; color: black;">[REDACTED]</span> Day <span style="background-color: black; color: black;">[REDACTED]</span> Year <span style="background-color: black; color: black;">[REDACTED]</span> |  | Telephone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span> |  |
| C Last Name <span style="background-color: black; color: black;">[REDACTED]</span> First <span style="background-color: black; color: black;">[REDACTED]</span> M.I.                                                                                 |  |                                                                                              |  | Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                     |  |                                                                                              |  |
| Address <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                       |  |                                                                                              |  | Name: <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                         |  |                                                                                              |  |
| Date of Birth<br>Month <span style="background-color: black; color: black;">[REDACTED]</span> Day <span style="background-color: black; color: black;">[REDACTED]</span> Year <span style="background-color: black; color: black;">[REDACTED]</span> |  | Telephone (Area Code) <span style="background-color: black; color: black;">[REDACTED]</span> |  | Shield No. <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                    |  |                                                                                              |  |

**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

|                                                                                               |                                                                                        |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Vehicle No. 1 <span style="background-color: black; color: black;">[REDACTED]</span>          | Vehicle No. 2 <span style="background-color: black; color: black;">[REDACTED]</span>   |
| Expiration Date <span style="background-color: black; color: black;">[REDACTED]</span>        | Expiration Date <span style="background-color: black; color: black;">[REDACTED]</span> |
| VIN <u>1FMDU34X2NU</u> <span style="background-color: black; color: black;">[REDACTED]</span> | VIN <span style="background-color: black; color: black;">[REDACTED]</span>             |

**WITNESS (Attach separate sheet, if necessary)**

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |

**DUPLICATE COPY REQUIRED FOR:**

|                                                                                   |                                                                                |                                                                                                   |                                                               |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Dept. of Motor Vehicles<br>(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. vehicle involved)   | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(if a Licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency<br>(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller<br>(if a City vehicle involved)    | <input type="checkbox"/> Personnel Safety Unit<br>(if a P.D. vehicle involved) | <input type="checkbox"/> Highway Unit _____                                                       |                                                               |

**NOTIFICATIONS:** (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

|  |
|--|
|  |
|  |

| PROPERTY DAMAGED (other than vehicles) | OWNER OF PROPERTY (include city agency, where applicable) |
|----------------------------------------|-----------------------------------------------------------|
|                                        |                                                           |
|                                        |                                                           |

**IF NYPD VEHICLE IS INVOLVED:**

|                                                                                                                                                                                                                                                                         |                                                                             |                                                                                        |                                                                                   |                                                                                          |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Police Vehicle—Operator's First Name <span style="background-color: black; color: black;">[REDACTED]</span> Last Name <span style="background-color: black; color: black;">[REDACTED]</span>                                                                            |                                                                             | Rank <span style="background-color: black; color: black;">[REDACTED]</span>            | Shield No. <span style="background-color: black; color: black;">[REDACTED]</span> | Tax ID. No. <span style="background-color: black; color: black;">[REDACTED]</span>       | Command <span style="background-color: black; color: black;">[REDACTED]</span>                  |
| Make of Vehicle <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                  | Year <span style="background-color: black; color: black;">[REDACTED]</span> | Type of Vehicle <span style="background-color: black; color: black;">[REDACTED]</span> | Plate No. <span style="background-color: black; color: black;">[REDACTED]</span>  | Dept. Vehicle No. <span style="background-color: black; color: black;">[REDACTED]</span> | Assigned To What Command <span style="background-color: black; color: black;">[REDACTED]</span> |
| Equipment in Use At Time of Accident                                                                                                                                                                                                                                    |                                                                             |                                                                                        |                                                                                   |                                                                                          |                                                                                                 |
| <input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights |                                                                             |                                                                                        |                                                                                   |                                                                                          |                                                                                                 |

**ACTIONS OF POLICE VEHICLE**

- |                                                          |                                                                 |
|----------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Responding to Code Signal _____ | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator               | <input type="checkbox"/> Routine Patrol                         |
| <input type="checkbox"/> Other (Describe) _____          |                                                                 |