

 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 100148 Date Received 02-MAY-2005		Repository <input type="checkbox"/> Reference No. 10116805		
OWNER INFORMATION (Type or Print)						
Name			Daytime Telephone Number		E-mail Address	
Address			Evening Telephone Number		Same as above	
City WEST SENECA		State NY	Zip Code			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner <u>XQB4GP2531YA</u> Date <u>5/17/05</u>						
↑ Reverse VEHICLE INFORMATION						
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year	
[REDACTED]			CHRYSLER	VAN	2000	
Date Purchased		Dealer's Name and Telephone Number		Engine:	Fuel Type:	
26-DEC-03		GALAXY AUTO PARTS		No: Cylinders 6	Gas	
Original Owner		Dealer's City		State	Zip Code	
<input type="checkbox"/>		WEST SENECA		NY	14224	
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
AUTOMATIC		<input checked="" type="checkbox"/> Cruise Control	UNKNOWN	030000 SERVICE BRAKES, HYDRAULIC		
				Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION						
Incident Date(s)		Failure Mileage	Failure Speed			
29-APR-2005		53000	55			
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: DOTM19ABC036)			<input type="checkbox"/> Original Equipment	Failure Location:		
			<input type="checkbox"/> 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 location(s), failure(s), crash(es), and injury(ies).)						
Crash		Fire		Number of Persons Injured	Number of Deaths	Reported to Police
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				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).						
THE CONSUMER HAS DIFFICULTY SLOWING THE VEHICLE DOWN. <i>The vehicle owner was five (5) car lengths (approx) behind a small bus on the thruway when the bus slowed to a stop as there was a vehicle stopped partly on the shoulder & partly in the far right hand lane. Estimating a total distance of 8 or 9 car lengths as the bus was still moving.</i>						
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 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.						

when they first put the brakes on) our vehicle should have had plenty of time to stop. It did not stop until impact. It did however slow from 55 MPH to 15 or 20 MPH.

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NEW YORK CENTRAL MUTUAL
FIRE INSURANCE COMPANY
1899 CENTRAL PLAZA E
EDMESTON, NY 13335-1102

(716) 667-6000

*See letter to:
Corporate*

05/02/2005

[Redacted]

WEST SENECA NY [Redacted]

Re: Policy No: [Redacted] D/L: 04/29/2005
Our File: 2005400725-4
Agent: 44 467 Vic Wojnowski Insurance
Insured: [Redacted]

Dear [Redacted]:

This will acknowledge receipt of your loss notice.

Please be advised your vehicle does not have collision coverage; therefore, we are unable to assist you with this portion of your claim.

New York insurance regulations require us to advise you that in the event you wish to contest this denial in litigation, the policy requires you to commence such an action within two years of the reported date of loss. Also, should you wish to take this matter up with the New York State Insurance Department, you may file with the Department either on its website at www.ins.state.ny.us/complhow.htm or you may write to or visit the Consumer Services Bureau, New York State Insurance Department at 25 Beaver Street, New York, New York 10004; One Commerce Plaza, Albany, New York 12257; 200 Old Country Road, Suite 340, Mineola, New York 11501; or Walter J. Mahoney Office Building, 65 Court Street, Buffalo, New York 14202.

Very truly yours,

Maryann E. Lange
(Mrs) Maryann Langlie
Telephone Examiner

ML:na

*1800 427 1354
ext 6090*

*have difference
Chrysler
Feedback
Recall #*

cc: Vic Wojnowski Insurance
13291 Henskee Rd
PO Box 117
Alden NY 14004

Comprehensive

Under letter no. 05/02/05... [unclear]

ACCIDENT INFORMATION EXCHANGE FORM

NY State Law requires that any accident resulting in a fatality, injury or damage to property of any person (including damage to your vehicle) or entity over \$1000 be reported by YOU to the Department of Motor Vehicles (DMV) within 10 days after an accident. Failure to report an accident or failure to give correct information is a misdemeanor and may result in the suspension/revocation of your driver's license (or operating privilege in NYS) and all vehicle certifications or registrations.

Report your Accident to DMV on DMV form MV-104 (Report of Motor Vehicle Accident). Police Accident Reports (DMV form MV-104A) DO NOT satisfy YOUR civilian reporting requirement.

Accident Report #	Date	Time	# of Vehicles	Town, City, Road Name
SP4T15000065	04/29/2005	4:08 PM	2	CHEEKTOWAGA, TOWN OF - 1555 I-90 E/B
Police Agency		Officer's Name/Badge ID#		
SP SUFFALO TWAY - 11404		Pickering	Timothy	S 4879

VEHICLE # 001

Operator's Name	Date of Birth	Address
[REDACTED]	11/15/1939	[REDACTED]
City/State/Zip	Motorist I.D.#	Vehicle Year and Make
W SENECA NY [REDACTED]	[REDACTED]	2000 DODG
Insurance Code and Company	Vehicle Owner	
240 - NEW YORK CENTRAL MUT FIRE	[REDACTED]	
Vehicle Towed By	Vehicle Towed To	
DAVRON'S	DAVRON'S	

Miscellaneous Notes

VEHICLE # 002

Operator's Name	Date of Birth	Address
[REDACTED]	01/19/1977	[REDACTED]
City/State/Zip	Motorist I.D.#	Vehicle Year and Make
BUFFALO NY [REDACTED]	[REDACTED]	2000 DIAT
Insurance Code and Company	Vehicle Owner	
027 - AMER HOME ASSURANCE CO	FIRST TRANSIT INC	
Vehicle Towed By	Vehicle Towed To	

Miscellaneous Notes

If you want to purchase a copy of the police accident report, form MV-104A, complete DMV's "REQUEST FOR COPY OF ACCIDENT REPORT" form MV-198C and send it to DMV. The form and instructions are available at www.nysdmv.com or at your local DMV office.

To obtain a blank civilian Accident Report (Form MV-104), visit the DMV office nearest you or access forms online at www.nysdmv.com.

6270
5514

(2)

JOE KOEPNICK'S COLLISION

20 ABBOTT ROAD
BUFFALO, NEW YORK 14220
Phone: 825 - 8678

ESTIMATE OF REPAIR COSTS

NAME [REDACTED] DATE: 4/29/05

ADDRESS [REDACTED] West Sen. NY [REDACTED] PHONE: [REDACTED]

BELOW IS OUR ESTIMATE TO REPAIR YOUR 2000 Dodge Caravan

MODEL	LICENSE #	SERIAL # AND/OR MOTOR #	MILEAGE
00	[REDACTED]	IP# 2B40P2531YR [REDACTED]	53,000

PARTS NECESSARY & ESTIMATE OF LABOR REQUIRED	LABOR COST ESTIMATE	PARTS COST ESTIMATE
Replace Hood	1.0 P30	150.00
Replace Headlight ASSY	.5 - 100.00	212.00
Replace upper Tie Bar w/ Lock (used)	.5	40.00
Replace Rt Hood Hinge	.3	25.00
Replace Lt Hood Hinge	.3	25.00
Redin Ton Conditioner & Faws (used)	1.5 25.00	250.00
STR Rt Front Fender	3.0 P20	
STR CORSPORT	4.0 P1.0	
Replace Bumper Cover	2.0 P3.0 400.00	199.00
Replace Grille 17	.5	32.00
PAINT & MAT	9.0	125.00
REFINISH & MATERIAL		
TOTALS		1058.00
TAX		974.00
PARTS & LABOR ESTIMATE GRAND TOTAL		1932.00

TOTAL
1932.00

Wheel/alignment 40.00 1972.00