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 100148

Date Received	Repository ☐
11-JUL-2005	Reference No. 10128306

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City WATERLOO	State NY	Zip Code [redacted]	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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4M2XV11TXYD[redacted]	MERCURY	VILLAGER	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	FRIENDLY DODGE			No. Cylinders	Gas
Original Owner ☒	Dealer's City PENYAN	State NY	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	ALL WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-MAY-2005			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/85R15)
DOT No. (Example: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1		N YES

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).

DT: ON 5/17/05 WHILE ON THE WAY TO WORK AN ACCIDENT OCCURRED. THE AIR BAGS DID NOT DEPLOY. VEHICLE IS EQUIPPED WITH PASSENGER AND DRIVER AIR BAGS. THE AIR BAG LIGHT WAS NOT ON. THE AIR BAG LIGHT HAS NEVER CAME ON. THERE WERE NO RECALLS ON THE VEHICLE AS FAR AS THE OWNER KNOWS. THE VEHICLE WAS TRAVELING ABOUT 50 MPH WHILE ON HIGHWAY. THERE WAS A VEHICLE IN FRONT OF THE OWNER'S CAR WHO STOPPED COMPLETELY AND THEN OWNER HIT THE OTHER VEHICLE IN THE REAR END. THE IMPACT WAS FRONTAL TO THE OWNER'S VEHICLE. THERE WERE NO PREVIOUS PROBLEMS WITH VEHICLE. THERE WERE INJURIES. THERE WAS INJURIES TO THE PASSENGER'S CHEST, NECK AND BACK. THERE WAS A POLICE REPORT FILED. THE VEHICLE MANUFACTURER HAS NOT BEEN CONTACTED. THE VEHICLE WAS A TOTAL LOSS. THE OCCUPANTS WERE WEARING SEAT BELTS. *NM

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)

[redacted] was air LIFTED To STRONG MEMORIAL Hospital
Had To WEAR NECK Brace for a Week - Because of His injuries
to NECK, Back - and Chest missed two WEEKS OF WORK

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

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

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Page 1 of 2 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes: 1061094 / SPPF98000107

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☒ No
5	17	2005	Tuesday	21:15	2	2	0			

VEHICLE 1

VEHICLE 1 - Driver License ID Number: [redacted] State of Lic.: NY

Driver Name – exactly as printed on license: [redacted]

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

City or Town: GENEVA State: NY Zip Code: [redacted]

Date of Birth: [redacted] Sex: F Unlicensed ☐ No. of Occupants: 02 Public Property Damaged ☐

Name – exactly as printed on registration: [redacted] Sex: F Date of Birth: [redacted]

Address (Include Number and Street): [redacted] Apt. No.: Zip Code: – Removed ☐

City or Town: GENEVA State: NY Zip Code: [redacted]

Plate Number: [redacted] State of Reg.: NY Vehicle Year & Make: 1995 NISS Vehicle Type: 4DSD Ins. Code: 607

Ticket/Arrest Number(s): [redacted]

Violation Section(s): 1128A

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 1 DAMAGE CODES

	1st	2nd
Box 1 - Point of Impact	10	10
Box 2 - Most Damage		
Enter up to three more damage codes	9	

Vehicle Towed: By: / To:

VEHICLE 2 ☒ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number: [redacted] State of Lic.: NY

Driver Name – exactly as printed on license: [redacted]

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

City or Town: WATERLOO State: NY Zip Code: [redacted]

Date of Birth: [redacted] Sex: M Unlicensed ☐ No. of Occupants: 02 Public Property Damaged ☐

Name – exactly as printed on registration: [redacted] Sex: F Date of Birth: [redacted]

Address (Include Number and Street): [redacted] Apt. No.: Zip Code: – Removed ☐

City or Town: WATERLOO State: NY Zip Code: [redacted]

Plate Number: [redacted] State of Reg.: NY Vehicle Year & Make: 2000 MERC Vehicle Type: SUBN Ins. Code: 639

Ticket/Arrest Number(s):

Violation Section(s):

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 2 DAMAGE CODES

	1st	2nd
Box 1 - Point of Impact	3	3
Box 2 - Most Damage		
Enter up to three more damage codes	2	

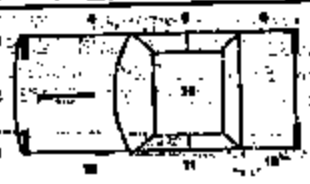
Vehicle Towed: By: HARTS / To: HARTS

Circle the diagram below that describes the accident, or draw your own diagram in space #8. Number the vehicles.

Rear End | Left Turn | Right Angle | Right Turn | Head On | Sideswipe (same direction) | Left Turn | | Right Turn | Sideswipe (opposite direction)

VEHICLE DAMAGE CODING:

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



ACCIDENT DIAGRAM

See the last page for the accident diagram.

Cost of repairs to any one vehicle will be more than $1000. ☐ Unknown/Unable to determine ☒ Yes ☐ No

Reference Marker			
		5	–
3	5	0	6
1	0	1	0

Coordinates (if available)
Latitude/Northing:
Longitude/Easting:

Place Where Accident Occurred:
County SENECA ☐ City ☐ Village ☒ Town of WATERLOO
Road on which accident occurred ST RT 5 (Route Number or Street Name)
at 1) Intersecting street (Route Number or Street Name)
or 2) 100 feet miles ☐N ☐S ☐E ☒W of ST RT 96A (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes:
VEH 2 TRAVELING WEST IN DRIVING LANE ON STATE RT 5 WHEN DRIVER MISSED LEFT TURN ONTO STATE RT 96A. OPER VEH 1 DECIDES TO SWITCH LANE TO MAKE NEXT LEFT TO GO BACK TO RT 96A. AS DRIVER SWITCHES LANE SHE FAILS TO NOTICE VEH 2 TRAVELING WEST IN PASSING LANE AND PULLS OF VEH 2 PATH. DRIVER OF VEHICLE 2 UNABLE TO AVOID VEH 1 IMPACTS LEFT REAR CORNER OF VEHICLE 1.

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Birth Only
A	1	[redacted]	4	1	21	F						[redacted]	
B	1	3	4	1	20	F							
C	2	1	4	1	74	M	05	12	6	16359	3904		
D	2	3	4	1	59	F	05	12	6	9992	2706		
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Trooper [signature]	4114	14901	E2	21	Willower, R P	5/19/2005 10:01
Print Name in Full: F E Schmitter						

New York State Department of Motor Vehicles

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MV-104A (3/04)

Local Codes	
1061094	
SPPF98000107	

☐ [redacted]

Accident Date: Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene ☐	Police Photos ☐ Yes ☒ No
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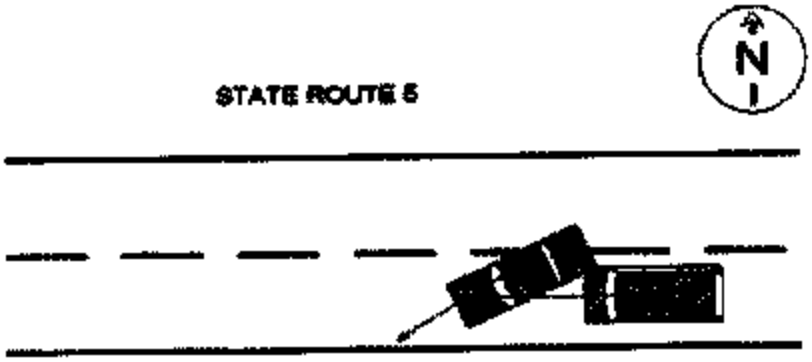
STATE ROUTE 5



NOT TO SCALE