



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
2005 NOV 29 PM 1:07
20-OCT-2005

Repository
Reference No.
10140362

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CHEEKTOWAGA State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an address, provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 11/15/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G2JB1246X7 [REDACTED]
Make PONTIAC Model SUNFIRE Model Year 1999
Date Purchased 28-APR-99 Dealer's Name and Telephone Number CULLIGAN PONTIAC Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City CLARENCE State NY Zip Code 14221
Transmission Type Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-OCT-2005 Failure Mileage 155,000 Failure Speed 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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).

DT: THE CONTACT STATED BOTH AIR BAGS DEPLOYED WHEN THE VEHICLE WAS REAR ENDED AND THEN IT HIT THE VEHICLE IN FRONT. THE VEHICLE STOPPED AT A TRAFFIC LIGHT WHEN THIS HAPPENED. THE ONLY VEHICLE IN MOTION WAS THREE CARS BACK. THE CONTACT STATED THE AIR BAG HIT THE WINDSHIELD WITH SUCH INTENSITY IT SHATTERED THE WINDSHIELD. THE VEHICLE WAS TOWED TO THE IMPOUND LOT BY THE POLICE. NO ONE LOOKED AT THE VEHICLE YET. THE CONTACT WAS HIT BY THE DRIVER'S SIDE AIR BAG IN THE MOUTH AND CHEST. HE SUSTAINED A MILD CONCUSSION, FACIAL BRUISING, CHEST PAINS, HEADACHE, AND DIZZINESS. *AK

CAR WAS TOTALLED BY ALLSTATE INSURANCE.

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.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

POLICE COPY 1

Local Codes
0308

AMENDED REPORT

1 Accident Date: 10/18/2005, Day of Week: TH, Military Time: 15:38, No. of Vehicles: 5, No. Injured: 2, No. Killed: 0, Not Investigated at Scene: , Left Scene: , Police Photos: Yes No, Accident Reconstructed:

2 VEHICLE 1: Driver License ID Number, Driver Name, Address, City or Town: LANCASTER, NY. VEHICLE 2: Driver License ID Number, Driver Name, Address, City or Town: LANCASTER, NY.

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged, Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged. Name: AS ABOVE, Address: AS ABOVE.

4 City or Town, State, Zip Code, City or Town, State, Zip Code.

5 State of Reg, Vehicle Year & Make, Vehicle Type, Ins. Code, State of Reg, Vehicle Year & Make, Vehicle Type, Ins. Code.

6 Ticket/Arrest Number(s), Violation Section(s)

7 Check if involved vehicle is: more than 95 inches wide, more than 34 feet long, operated with an overweight permit, operated with an overdimension permit.

8 VEHICLE 1 DAMAGE CODES, VEHICLE 2 DAMAGE CODES, ACCIDENT DIAGRAM. Includes diagrams for Sideswipe, Left Turn, Right Angle, Right Turn, Head On, Left Turn, Right Turn, Sideswipe (opposite direction).

9 Vehicle Damage Coding: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED, 15. TRAILER, 18. NO DAMAGE, 16. OVERTURNED, 19. OTHER.

10 Reference Marker, Coordinates, Place Where Accident Occurred: County: ERIE, Road on which accident occurred: BROADWAY RT. 130, at 1) intersecting street: ELLINGTON.

11 Accident Description/Officer's Notes: ALL 5 VEHICLES R/B PASSING LANE BROADWAY. CARS 2-5 STOPPED FOR SIGNAL BROADWAY + TRAFFIC. CAR 1 FAILED TO STOP + STRUCK CAR 2 CAUSING A CHAIN REACTION COLLISION. DRIVER 1 STATES SHE LOOKS OVER TO PASSENGER SIDE FOR A WINK AND WHEN SHE LOOKED BACK SHE STRUCK CAR 2 CAUSING THE ACCIDENT.

Table with columns: A, B, C, D, E, F, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, Names of all Involved, Date of Death Only.

12 Officer's Rank and Signature, Badge/ID No., NCIC No., Precinct/Post Troop/Zone, Station/Beat Sector, Reviewing Officer, Date/Time Reviewed.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
0308

AMENDED REPORT POLICE COPY 1

1	Accident Date Month: 10, Day: 18, Year: 2005	Day of Week TUE	Military Time 15:38	No. of Vehicles 5	No. Injured 2	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
							Accident Reconstructed <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2	VEHICLE 1 - Driver License ID Number	State of Lic. NY	VEHICLE 2 - Driver License ID Number	State of Lic. NY
Driver Name - exactly as printed on license		Driver Name - exactly as printed on license		
Apt. No. 2		Apt. No.		

3	City or Town ALDEN NY	City or Town CHEEKTOWAGEN NY
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2	Date of Birth	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input checked="" type="checkbox"/>
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3	Name - exactly as printed on registration AS ABOVE	Sex	Date of Birth Month: , Day: , Year:	Name - exactly as printed on registration AS ABOVE	Sex	Date of Birth Month: , Day: , Year:
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4	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>
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5	City or Town	State	Zip Code	City or Town	State	Zip Code
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5	State of Reg. NY	Vehicle Year & Make 2002 PONT.	Vehicle Type 2DSD	Ins. Code 684	State of Reg. NY	Vehicle Year & Make 1999 PONT.	Vehicle Type 2DSD	Ins. Code 011
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6	Ticket/Arrest Number(s)	Violation Section(s)	Ticket/Arrest Number(s)	Violation Section(s)
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6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <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.
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Right Turn, Sideswipe (opposite direction)
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7	Vehicle By Towed: To	Vehicle By Towed: To	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER
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8	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County ERIE City/Village/Town of ALDEN Road on which accident occurred BROADWAY at 1) intersecting street ELLINGTON or 2) _____ Feet Miles of _____ (Milepost, Nearest Intersecting Route Number or Street Name)
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Accident Description/Officer's Notes
SEE PAGE 1.

8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A														
B														
C														
D														
E														
F														

Officer's Rank and Signature Print Name in Full KEN KAPLAN	Badge/ID No. LT. 0144	NCIC No. 0144	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer KT	Date/Time Reviewed 10-19-05 0900
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
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AMENDED REPORT POLICE COPY 1

Accident Date: Month 10, Day 18, Year 2005. Day of Week: TH. Military Time: 15:38. No. of Vehicles: 5. No. Injured: 2. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes, No. Accident Reconstructed: .

VEHICLE 1 - Driver License ID Number, Driver Name, Address: BUFFALO, NY. VEHICLE 2 - Driver License ID Number, Driver Name, Address.

Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged, Name, Address, City or Town, State, Zip Code.

Ticket/Arrest Number(s), Violation Section(s), State of Reg, Vehicle Year & Make, Vehicle Type, Ins. Code.

Check if involved vehicle is: more than 95 inches wide, more than 34 feet long, operated with an overweight permit, operated with an overdimension permit. VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED, 15. TRAILER, 18. NO DAMAGE, 16. OVERTURNED, 19. OTHER. ACCIDENT DIAGRAM: Bear-End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction).

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County ERIE, City VILLAGE of DEPEW, Road on which accident occurred BROADWAY RT. 130, at 1) intersecting street ELLINGTON.

Accident Description/Officer's Notes: SEE PAGE 1.

Table with columns: 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Row 1: SEE PAGE 1.

Officer's Rank and Signature: KEN KACOMBER, Badge/ID No. 17, NCIC No. 81424, Station/Beat/Sector, Reviewing Officer: KT, Date/Time Reviewed: 10-19-05 0900.