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

2006 APR 19 AM 8:52

FOR AGENCY USE ONLY 100148	
Date Received: 05-APR-2006	Repository ☐
	Reference No. 10154638

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: FLORAL PARK	State: NY	Zip Code: 11005	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
4T1BF28	TOYOTA	AVALON	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
15-SEP-04	STAR TOYOTA			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City: BAYSIDE	State: NY	Zip Code: 11359		

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
08-FEB-2006	9000		

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: DOTMA19ABC036)	☐ 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	NONE	NONE	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 WHILE BACKING OUT OF A PARKING SPACE, THE VEHICLE ACCELERATED WITHOUT WARNING. AS A RESULT, TWO OTHER VEHICLES WERE DAMAGED HOWEVER NO INJURIES WERE SUSTAINED. THERE WAS A POLICE REPORT FILED AT THE SCENE. THE VEHICLE WAS TOWED TO AN INDEPENDENT REPAIR SHOP AND THEN TAKEN TO THE DEALER. THE DEALER WAS UNABLE TO DUPLICATE THE PROBLEM. THE MANUFACTURER WAS ALERTED.

1) COPY OF POLICE REPORT ENCLOSED
2) REPAIRS TO REAR END OF MY VEHICLE TOTALLED "TOTY + SALES TAX" 605 COVERED BY INSURANCE
3) REPAIR WAS DONE AT: FIVE STAR COLLISION, LYNBROOK, NY

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Local Code: Acc# 131 -06

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (8/04)

[redacted] DMV COPY

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
2	8	06	Wed	1520	3	0	0		☐	☐ Yes ☒ No

VEHICLE 1	☒ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN
Vehicle 1 - Driver License ID Number: [redacted] State of Lic.: NY	Vehicle 2 - Driver License ID Number: PARKED State of Lic.:
Driver Name - exactly as printed on license: [redacted]	Driver Name - exactly as printed on license:
Address (Include Number & Street) Apt. No.: [redacted]	Address (Include Number & Street) Apt. No.:
City or Town: Floral Park State: NY Zip Code: [redacted]	City or Town: State: Zip Code:
Date of Birth: [redacted] Sex: M Unlicensed ☐ No. of Occupants: 2 Property Damaged ☐	Date of Birth: Sex: Unlicensed ☐ No. of Occupants: Public Property Damaged ☐
Name - exactly as printed on registration: [redacted] Sex: Date of Birth:	Name - exactly as printed on registration: [redacted] Sex: F Date of Birth: [redacted]
Address (Include Number & Street) Apt. No. Haz. Mat. Code Released ☐	Address: [redacted] Apt. No. Haz. Mat. Code ☐
City or Town: State: Zip Code:	City or Town: Lawrence State: NY Zip Code: [redacted]
Plate Number: [redacted] State of Reg.: NY Vehicle Year & Make: 04 Toy Vehicle Type: Pass Ins. Code: 148	Plate Number: [redacted] State of Reg.: NY Vehicle Year & Make: 98 Honda Vehicle Type: Pass Ins. Code: 327
Ticket/Arrest Number(s):	Ticket/Arrest Number(s):
Violation Section(s):	Violation Section(s):

Right margin boxes: 19: 41; 20: 42; 21: –; 22: –; 24: 5; 25: 15; 26: 10; 27: 2; 28: 1; 29: –; 30: 1; N

Left margin boxes: 1: –; 2: –; 3: 1; 4: 1; 5: 1; 6: 1; 7: 2

Vehicle 1 — 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 1 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	9	9
Enter up to three more Damage Codes	8	

Vehicle Towed: By Andy's Towing To Garage

Vehicle 2 — 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.

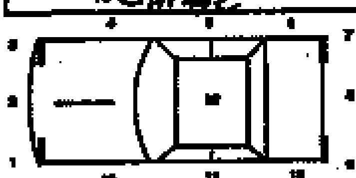
VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	8	8
Enter up to three more Damage Codes	7	9	2

Vehicle Towed: By Village Towing To Garage

VEHICLE DAMAGE CODING:

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



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

1. Rear End (circled) 2. Left Turn 3. Right Angle 4. Right Turn 5. Head On 6. Sideswipe (same direction) 7. Left Turn 8. Right Turn 9. Sideswipe (opposite direction)

ACCIDENT DIAGRAM

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

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

Place Where Accident Occurred: County NASS ☐ City ☒ Village ☐ Town of Freeport

Road on which accident occurred: 155 W. Merrick Rd (Route Number or Street Name)

at 1) intersecting street ____ (Route Number or Street Name)

or 2) 120 Feet ☐ N ☐ S ☐ E ☐ W of S. Bergen Pl (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: MV#1 was backing up out of parking stall located at 155 W. Merrick Rd when in collision with MV#2 who was parked in stall directly across from MV#1. MV#2 then was pushed into MV#3 who was Parked directly in front of MV#2. Driver MV#1 states when he put vehicle in reverse the car just flew back, states he hit brakes but vehicle didn't stop.

ALL INVOLVED

	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	83	M	–	–	6		–		–	Driver MV#1	
B	1	3	4	1	79	F	–	–	6		–		–	Pearl Bass	
C	2	–	–	–	–	–	–	–	–		–		–	PARKED	
D	3	–	–	–	–	–	–	–	–		–		–	PARKED	
E															
F															

Officer's Rank and Signature / Print Name In Full	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
[redacted]	120	0214	5pt	9	[signature]	2-8-06 1745

[redacted] of 2 Pages

[redacted]

B-3[redacted]

☐ [redacted]

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

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
2	8	06	Wed	1520	3	0	0			

VEHICLE 1	☐ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN
VEHICLE 1 - Driver License ID Number: PARKED; State of Lic.:	VEHICLE 2 - Driver License ID Number; State of Lic.:
Driver Name - exactly as printed on license:	Driver Name - exactly as printed on license:
Address (Include Number & Street); Apt. No.:	Address (Include Number & Street); Apt. No.:
City or Town; State; Zip Code:	City or Town; State; Zip Code:
Date of Birth Month / Day / Year; Sex; Unlicensed ☐; No. of Occupants; Public Property Damaged ☐	Date of Birth Month / Day / Year; Sex; Unlicensed ☐; No. of Occupants; Public Property Damaged ☐
Name - exactly as printed on registration: [redacted]; Sex: M; Date of Birth Month / Day / Year: [redacted]	Name - exactly as printed on registration; Sex; Date of Birth Month / Day / Year
Address (Include Number & Street): [redacted]; Apt. No.; Haz. Mat. Code; Released ☐	Address (Include Number & Street); Apt. No.; Haz. Mat. Code; Released ☐
City or Town: Freeport; State: NY; Zip Code: [redacted]	City or Town; State; Zip Code
Plate Number: [redacted]; State of Reg.: NY; Vehicle Year & Make: 99 Dodge; Vehicle Type: PASS; Ins. Code: 011	Plate Number; State of Reg.; Vehicle Year & Make; Vehicle Type; Ins. Code
Ticket/Arrest Number(s):	Ticket/Arrest Number(s):
Violation Section(s):	Violation Section(s):

Margin codes: 1 —; 2 —; 3 1; 4 1; 5 1; 6 1; 7 2; 19 —; 20 —; 21 —; 22 —; 23 1; 24 —; 25 10; 26 —; 27 2; 28 1; 29 —; 30 —

VEHICLE 1 — 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 1 DAMAGE CODES

	1	2
Box 1 - Point of Impact / Box 2 - Most Damage	2	2

Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By — To

VEHICLE 2 — 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 2 DAMAGE CODES

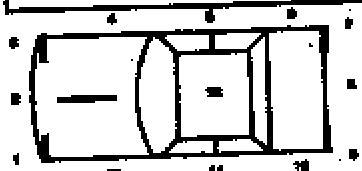
	1	2
Box 1 - Point of Impact / Box 2 - Most Damage		

Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By To

VEHICLE DAMAGE CODING:

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



Circle the diagram below that describes the accident, or draw your own diagram in space 9. Number the vehicles.

ACCIDENT DIAGRAM

9.

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

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

Place Where Accident Occurred: County NASS ☐ City ☒ Village ☐ Town of Freeport

Road on which accident occurred 155 W. Merrick Rd (Route Number or Street Name)

at 1) Intersecting street (Route Number or Street Name)

or 2) 120 Feet ___ Miles ☐ N ☒ S ☐ E ☐ W of S. Bergen Pl (Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes:

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

ALL INVOLVED

N

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
[redacted]	120	2904	Fpt	7	[signature]	2-9-06 ?H

Print Name in Full [redacted]