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 ☐
2006 SEP 13 PM 12:06 21-AUG-2006	Reference No. 10166130

OWNER INFORMATION (Type or Print)

Name [redacted]			Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]			Evening Telephone Number [redacted]	
City SELDEN	State NY	Zip Code [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 auth[redacted]ide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 8/28/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3LNHM26136R[redacted]	LINCOLN	ZEPHYR	2006

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
30-MAY-06	BARON LINCOLN MERCURY UNKNOWN			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City BAYSIDE	State NY	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-AUG-2006	3100	45	AIR BAGS DID NOT DEPLOY.

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: 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	(2) (3)		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 A PARKED VEHICLE WAS STRUCK WHILE TRAVELING AT 45MPH. THE PARKED VEHICLE WAS SITTING IN THE RIGHT HAND LANE OF TRAFFIC CHANGING A FLAT TIRE AND UPON INITIAL IMPACT THE AIRBAGS DID NOT DEPLOY. THE OCCUPANTS OF THE VEHICLE WERE WEARING SEATBELTS, BUT MINOR INJURIES WERE SUSTAINED. THE VEHICLE WAS TOTALED, DUE TO EXTENSIVE BODY DAMAGE. THE POLICE RESPONDED TO THE SCENE AND TOOK A REPORT. THE MANUFACTURER WAS ALERTED. DRIVER OF PARKED VEHICLE WENT TO HOSPITAL VIA AMBULANCE

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

EOD 8/26/06

Page 1 of 1 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/01)

Precinct: 107 | Accident No.: 2363 | Complaint Number:

☐ AMENDED REPORT

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
8	6	2006	Sun	2300	2	3	0			

VEHICLE 1

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

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

Address: [redacted] Apt. No.:

City or Town: Brooklyn Levittown NY State: [redacted]

Date of Birth: Month 10 Day 2 Year 36 | Sex: M | Unlicensed ☐ | No. of Occupants: 2 | Public Property Damaged ☐

Name - exactly as printed on registration: [redacted] Sex: M Date of Birth: [redacted]

Address: [redacted] Apt. No.: | Haz. Mat Code: | Released ☐

City or Town: Selden State: NY

Plate Number: [redacted] | State of Reg.: NY | Vehicle Year & Make: 2006 Lincoln | Vehicle Type: PAS | Ins. Code: 328

Ticket/Arrest Number(s):

Violation Section(s):

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	3	2
Enter up to three more Damage Codes	3 4	5 —

Vehicle Towed: By JAMAICA TOW To JAMAICA AVE

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: [redacted]

City or Town: New York State: NY

Date of Birth: Month 12 Day 3 Year 42 | Sex: M | Unlicensed ☐ | No. of Occupants: 1 | Property Damaged ☐

Name - exactly as printed on registration: [redacted] Sex: M Date of Birth: Month 12 Day 3 Year 42

Address: [redacted] Apt. No.: | Haz. Mat Code: | Released ☐

City or Town: New York State: NY Zip Code: [redacted]

Plate Number: [redacted] | State of Reg.: NY | Vehicle Year & Make: 92 Dodge | Vehicle Type: CVN | Ins. Code: 011

Ticket/Arrest Number(s):

Violation Section(s):

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	10	4
Enter up to three more Damage Codes	8 2	17

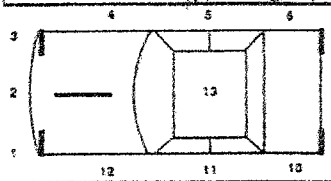
Vehicle Towed: By JAMAICA TOW To Jamaica Ave

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

Rear End 1.	Left Turn 3.	Right Angle	Right Turn 5.	Head On 7.
Overtaking 2.	Left Turn 0.	4.	Right Turn 6.	Sideswipe 8.

VEHICLE DAMAGE CODING:

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



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)
2951	Latitude/Northing:
X5M1	
1008	Longitude/Easting:

Place Where Accident Occurred: ☐ BRONX ☐ KINGS ☐ NEW YORK ☒ QUEENS ☐ RICHMOND

Road on which accident occurred: N/B Clearview Expressway (Route Number or Street Name)

at 1) Intersecting Street: Union Turnpike (Route Number or Street Name)

or 2) ___ Feet ___ Miles ☐N ☐S ☐E ☐W of ___ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes – PO DID NOT WITNESS - Oper veh#1 states he was travelling n/b on the Clearview Expwy @ Union Turnpike when he observed veh#2 in the right lane changing a tire. veh#1 states he was in a blind turn + had nowhere to go to avoid veh#2 & did strike veh#2 in the rear. - Oper veh#2 was parked on the shoulder of the n/b Clearview Expwy & was getting out of the vehicle to change tire when veh#1 did strike veh#2

	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	70	m	5	12	6	RMA	RMA	Fumai, John	
B	1	3	4	1	68	F	5	12	6			Fumai, marie	
C	2	1	1	2	63	m	10	9	6	—	7302	Garce, Jose	
D													
E													
F													

ALL INVOLVED

Officer's Rank and Signature	Tax ID No.	NCIC No.	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
PO Ernandez	927911	03030	107	H		

Print Name in Full: Ernandez

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

[redacted]	st	M.I.	D Last Name	First	M.I.
Address [redacted]			Address		
Date of Birth Month 10 Day 2 Year 36	Telephone (Area Code) [redacted]		Date of Birth Month Day Year	Telephone (Area Code) ( )	
B [redacted]	First	M.I.	E Last Name	First	M.I.
A [redacted]			Address		
Date of Birth Month 1 Day 18 Year 38	[redacted]		Date of Birth Month Day Year	Telephone (Area Code) ( )	
C Last Name	First	M.I.	Highway Dist. at Scene? ☐ Yes ☒ No Name:		
Address					
Date of Birth Month Day Year	Telephone (Area Code) ( )			Shield No.	

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

Vehicle No. 1 308-0536-E14-32J

Expiration Date 11/30/2006

VIN 3L-NHM26136[redacted]

Vehicle No.2 _____

Expiration Date _____

VIN 2B4GH2531NR[redacted]

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

- ☒ Dept. of Motor Vehicles (if anyone is killed/injured)
- ☐ Motor Transport Division (P.D. vehicle involved)
- ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
- ☐ Other City Agency (Specify) _____
- ☐ Office of Comptroller (if a City vehicle involved)
- ☐ Personnel Safety Unit (if a P.D. vehicle involved)
- ☐ 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	Last Name	Rank	Shield No.	Tax ID. No.	Command

Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command

Equipment in Use At Time of Accident

☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal _____
- ☐ Pursuing Violator
- ☐ Other (Describe) _____
- ☐ Complying with Station House Directive
- ☐ Routine Patrol