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

2008 FEB -1 AM 11:18

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
06-JUL-2007	Reference No. 10195480

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City VALHALLA	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
4T1BF12K6TU[redacted]	TOYOTA	CAMRY	1996

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-NOV-96	Dayton Toyota 732-329-9191			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City Dayton	State	Zip Code 08810		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN	180000 VEHICLE SPEED CONTROL Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
~~01-NOV-2006~~ 06-JUL-07	100000	5- 10

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	0	0	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).

TL*THE CONTACT OWNS A 1996 TOYOTA CAMRY. WHILE DRIVING 10 MPH, THE VEHICLE ACCELERATED WITHOUT WARNING. THE CONTACT WAS UNABLE TO STOP THE VEHICLE, WHICH CAUSED HER TO REAR END ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. NHTSA RECALL # 96E001000 (VEHICLE SPEED CONTROL) WAS FOUND. THE MECHANIC HAS NOT INSPECTED THE VEHICLE TO DETERMINE THE CAUSE OF FAILURE. A POLICE REPORT WAS FILED. THE POWERTRAIN WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 100,000.

vehicle was totalled
Vehicle kept accelerating & wouldn't stop

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

MV-104 (5/02) PAGE 1 of 2

FOLD → ← HERE

Use only for accidents that happen in New York State

New York State Department of Motor Vehicles

REPORT OF MOTOR VEHICLE ACCIDENT

www.nysdmv.com

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

DO NOT FORGET ACCIDENT DATE

Page _____ of _____ ☐ RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT

Accident Date Month	Day	Year	Day of Week	Time	Number of Vehicles	Number Injured	Number Killed	Did police investigate accident at scene?	If "Yes", Name of Police Agency or Precinct & Accident Number
6	30	07	Sat	2:15 ☐ AM ☑ PM	2	0	0	☑ Yes ☐ No	White Plains Police Dept

DRIVER

DRIVER OF VEHICLE 1

Driver License ID Number: [redacted] State of License: NY

Driver Name-exactly as printed on license (Last, First, M.I.): [redacted]

Address (Include Number & Street): [redacted] Apt. Number: [redacted]

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

Date of Birth: [redacted] Sex: F Number of People in Vehicle: 2 Public Property Damaged ☐

☐ VEHICLE 2 ☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER PEDESTRIAN

Driver License ID Number: not yet available State of License:

Name-exactly as printed on license (Last, First, M.I.):

Address (Include Number & Street): Apt. Number:

City or Town: State: Zip Code:

Date of Birth Month | Day | Year: Sex: Number of People in Vehicle: Public Property Damaged ☐

REGISTRANT

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

Address (Include Number & Street): [redacted] Apt. Number: [redacted]

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

Name-exactly as printed on registration: Date of Birth Month | Day | Year: Sex:

Address (Include Number & Street): Apt. Number:

City or Town: State: Zip Code:

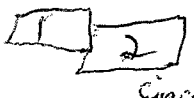
VEHICLE DAMAGE

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
[redacted]	NY	1996 Toyota	4 Dr	01

Estimated Cost of Repairs - Vehicle 1: ☐ $1,001-$1,500 ☑ $1,501-$2,500 ☐ Over $2,500

Describe damage to vehicle 1: car totaled

ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident, or draw your own diagram below in space #9. Number the vehicles. Your vehicle is # 1



car 1 slid went under car 2 bumper since 2 was much higher

9.

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

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code

Estimated Cost of Repairs - Vehicle 2: ☐ $1,001-$1,500 ☐ $1,501-$2,500 ☐ Over $2,500

Describe damage to vehicle 2: none

ACCIDENT LOCATION

Place Where Accident Occurred In New York State:

County: Westchester ☐ City ☐ Village ☐ Town of: White Plains Permanent Landmark:

Road on which accident occurred: Fisher Av

at ☐ 1) intersecting street: Broadway Ave (Route Number or Street Name)

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

How did the accident happen? car accelerated & couldn't be stopped

ALL INVOLVED

Names of All Persons Involved	8. Which Veh. Occupied	9. Position In/on Vehicle	10. Safety Equip. Used	12. Age	13. Sex	16. Injury A	B	C	Describe Injuries	If Deceased, Enter Date of Death
[redacted]	1	1	3-4		F	✓	✓	✓	~	
[redacted]	2	1	3-4		F	~	~	~	~ ~ ~	

INSURANCE

Identify Damaged Property Other Than Vehicle(s): na

Name of Insurance Company That Issued Policy For Vehicle 1: Allstate VIN:

Name and Address of Policy Holder: [redacted] Policy Number: [redacted]

If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.: (owner of vehicle) Policy Period From 7/29/07 To 9/29/07

If Self-Insured, give Certificate No.: Name and Address of Permit Holder and State

Date: 7/30/07 Print Name of Driver (or Representative*) of Vehicle 1: [redacted] Signature of Driver (or Representative*) of Vehicle 1: [redacted]

* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign. ☐ Injury ☐ Death

An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license.

070703016030603R 3635498283

SECTION A

*You must report within 10 days any accident **occurring in New York State** causing a fatality, personal injury or damage over $1,000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed. Check the "RUSH" box at the top of page 1 if your license is suspended for failure to report this accident on time.* ***You must fill in all information requested on the report.***

Then fill in the boxes numbered 1-7 and 23-30 in the right margin on page 1 by entering the number of the item from Section B that best describes the circumstances of the accident. If a question does not apply, enter a dash ("-"). If you do not know an answer, enter an "X".

INSTRUCTIONS: PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK
First — fold along this shaded, dotted line.

* ***Don't fold internet form. Instead, place page 2 over page 1, with the arrows on page 2 pointing to the boxes on the right edge of page 1.***

VEHICLE INVOLVEMENT - If you were in an accident involving:

- **two-cars**, enter your information in the VEHICLE 1 section and the other driver's information in the VEHICLE 2 section.
- **a pedestrian, bicyclist or other pedestrian** (a person using a non-motorized conveyance such as in-line skates, skateboard,sled, etc.), enter the information in the "Driver" spaces provided for Vehicle 2, and check the PEDESTRIAN, BICYCLIST or OTHER PEDESTRIAN box.
- **a vehicle other than a motor vehicle** (such as a snowmobile, mini-bike, aircycle, all-terrain vehicle, trail bike, or other non-motor vehicle), enter the driver, registrant and vehicle information in the space provided for VEHICLE 2.
- **an unoccupied vehicle**, enter all available information. Be sure to enter the correct vehicle Plate Number and Vehicle Type in the VEHICLE 2 block.
- **more than two vehicles**, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked VEHICLE 1 and mark it # 3. Use the space marked VEHICLE 2 for the fourth vehicle, and mark it # 4 and so on. Additional forms are available at any Motor Vehicles office or from the DMV website: www.nysdmv.com.

❶ **DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.

❷ **REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.

❸ **VEHICLE DAMAGE** - Indicate if the accident exceeds the $1,000 threshold for property damage to any one vehicle or property caused by the accident, and describe the vehicle damage.

❹ **ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street. If available, identify a **permanent landmark** nearby, such as a business, school, shopping mall, parking lot, water tower, railroad, mountain or cell tower.

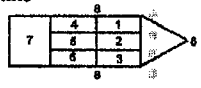
❺ **ALL INVOLVED** - List the names of all persons involved in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. If more than four people are involved, complete another report. In the ALL INVOLVED section of that report, provide the required information for everyone else involved in the accident. Enter the following codes in the appropriate columns:

WHICH VEHICLE OCCUPIED ***(Column 8)*** - Enter the appropriate number or letter.

1. Vehicle 1 2. Vehicle 2 B. Bicyclist P. Pedestrian O. Other Pedestrian

POSITION IN/ON VEHICLE ***(Column 9)*** - Enter the number from this diagram which corresponds to each person's position.

1. Driver 2-7. Passengers 8. Riding/Hanging on Outside



SAFETY EQUIPMENT USED ***(Column 10)***

1. None
2. Lap Belt
3. Shoulder Restraint
4. Lap Belt Restraint
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Shoulder Restraint
A. Air Bag Deployed/ Lap Belt/Restraint
B. Air Bag Deployed/Child Restraint
O. Other

In-Line Skater/Bicyclist
C. Helmet Only
D. Helmet/Other
E. Pads Only
F. Stoppers Only

INJURY ***(Columns 16A-C)*** - Check all column(s) that apply and DESCRIBE INJURIES:

A - Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave accident scene without assistance.

B - Lump on head, abrasions, minor lacerations.

C - Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury), whiplash (complaint of neck and head pain).

❻ **INSURANCE** - Enter damage to private property, if any, insurance policy information and VIN.

Attach additional reports to page one. Each page of the report must be numbered in the upper left corner. Mark additional sheets #2, #3, etc. Date and sign on the bottom line of each attached report. **THE REPORT MUST BE SIGNED BY THE DRIVER OF VEHICLE 1, UNLESS HE OR SHE IS UNABLE TO SIGN BECAUSE HE/SHE IS INJURED OR DECEASED.**

Send original to: ACCIDENT RECORDS BUREAU
6 EMPIRE STATE PLAZA
PO BOX 2925
ALBANY NY 12220-0925

SECTION B

USE TO COMPLETE BOXES 1-7 and 23-30 ON PAGE 1

Be sure your answers are marked INSIDE THE BOXES ON PAGE 1

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION → 1
1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking /Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway
14. Not in Roadway

TRAFFIC CONTROL → 2
1. None
2. Traffic Signal
3. Stop Sign
4. Flashing Light
5. Yield Sign
6. Officer/Guard
7. No Passing Zone
8. RR Crossing Sign
9. RR Crossing Flashing Light
10. RR Crossing Gates
11. Stopped School Bus-Red Lights Flashing
12. Construction Work Area
13. Maintenance Work Area
14. Utility Work Area
15. Police/Fire Emergency
16. School Zone
20. Other

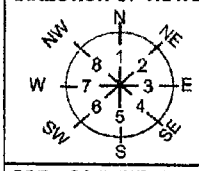
LIGHT CONDITIONS → 3
1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER → 4
1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION → 5
1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
6. Flooded
0. Other

WEATHER → 6
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other

DIRECTION OF TRAVEL → 7



1. North
2. Northeast
3. East
4. Southeast
5. South
6. Southwest
7. West
8. Northwest

Veh. 1 → 23
Veh. 2 → 24

PRE-ACCIDENT VEHICLE ACTION
1. Going Straight Ahead
2. Making Right Turn
3. Making Left Turn
4. Making U Turn
5. Starting from Parking
6. Starting In Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
16. Making Right Turn on Red
17. Making Left Turn on Red
18. Police Pursuit
20. Other

Veh. 1 → 25
Veh. 2 → 26

LOCATION OF FIRST EVENT → 27
1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT → First Event 28

COLLISION WITH
1. Other Motor Vehicle
2. Pedestrian
3. Bicyclist
4. Animal
5. Railroad Train
6. In-Line Skater
7. Deer
8. Other Pedestrian
10. Other Object (Not Fixed)

COLLISION WITH FIXED OBJECT
11. Light Support/Utility Pole
12. Guide Rail - Not At End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median - Not At End
22. Snow Embankment
23. Earth Embankment/ Rock Cut/Ditch
24. Fire hydrant
25. Guide Rail - End
26. Median - End
27. Barrier
30. Other Fixed Object

Second Event
Veh. 1 → 29
Veh. 2 → 30

NO COLLISION
31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other