NVS-200

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 AUG 11 PM 2:58

FOR AGENCY USE ONLY 100148

| Date Received | Repository ☐ |
|---|---|
| 24-JUN-2008 | Reference No. 10232212 |

## OWNER INFORMATION (Type or Print)

| Name | | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | | Evening Telephone Number | |
| City CHEEKTOWAGA | State NY | Zip Code | |

*Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?* ☒ YES ☐ NO yes
*In the absence of an a* *or address to the vehicle manufacturer.*
Signature of Owner _____ Date 7/2/08

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1G4HD57237U | BUICK | LUCERNE | 2007 |

| Date Purchased | Dealer's Name and Telephone Number | | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|---|
| 6/28/07 | Jim Murphy GMC-Buick 8900 | 716684 | 6 | Reg- |
| Original Owner ☐ | Dealer's City | State / Zip Code | | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| Auto | ☑ Antilock Brakes ☑ Cruise Control | 3.8 V-6 | 030000 SERVICE BRAKES, HYDRAULIC |
| | | | Multiple Failure: |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 21-JUN-2008 | 7100 | 25 | See below - |

## 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 | 1 | 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 LEASED A 2007 GM BUICK LUCERNE. WHILE DRIVING APPROXIMATELY 25 MPH AND APPLYING PRESSURE TO THE BRAKE PEDAL THE ENGINE STARTED RACING. THE DRIVER WAS UNABLE TO SLOW DOWN. THE CONTACT SWAYED TO THE RIGHT TO AVOID CRASHING INTO THE VEHICLE IN FRONT OF HIM. HE CRASHED INTO A TELEPHONE POLE AND THE FRONT AIR BAGS DID NOT DEPLOY. THERE WERE NO PRIOR WARNINGS. THE FIRE DEPARTMENT AND AMBULANCE ARRIVED AND THE CONTACT WAS TAKEN TO THE HOSPITAL. A POLICE REPORT WAS FILED AT THE HOSPITAL. THE INSURANCE COMPANY HAS NOT DETERMINED IF THE VEHICLE WAS DESTROYED. THE VEHICLE HAS NOT BEEN REPAIRED AT THIS TIME. THE FAILURE MILEAGE AND CURRENT MILEAGES WERE 7,100.

State adjuster estimated damage at 7800.00 & to repair car. However I will not use car until GM checks & repairs my claim of racing engine when brake pedal engaged -

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

Page 1 of 1 Pages

Local Codes: ACC 579

08-173-0765

New York State Department of Motor Vehicles

# POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

POLICE COPY 1

| Accident Date Month | Day | Year | Day of Week | Military Time | No. of Vehicles | No. Injured | No. Killed | Not Investigated at Scene | Left Scene | Police Photos |
|---|---|---|---|---|---|---|---|---|---|---|
| 6 | 21 | 2008 | Sat. | 16:00 | 1 | 1 | 0 | ☐ Accident Reconstructed ☐ | ☒ | ☐ Yes ☐ No |

## VEHICLE 1

VEHICLE 1 - Driver License ID Number: S | State of Lic.: NY

Driver Name - exactly as printed on license:

Address (Include Number & Street): | Apt. No.:

City or Town: Cheektowaga | State: NY | Zip Code:

Date of Birth Month | Day | Year: | Sex: | Unlicensed: ☐ | No. of Occupants: 1 | Public Property Damaged: ☒

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

Address (Include Number & Street): | Apt. No.: | Haz. Mat Code: | Released: ☐

City or Town: SAME | State: | Zip Code:

Plate Number: | State of Reg.: NY | Vehicle Year & Make: 2007 Buick | Vehicle Type: UD | Ins. Code:

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<br>Box 2 - Most Damage | 1<br>2 | 2<br>2 | |
| Enter up to three more Damage Codes | 3 | 4 | 5 |

Vehicle Towed: By Haucks To Buick Dealer

## ☐ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number: | State of Lic.:

Driver Name - exactly as printed on license:

Address (Include Number & Street): UTILITY POLE | Apt. No.:

City or Town: UTILITY POLE | State: | Zip Code:

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

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

Address (Include Number & Street): UTILITY POLE | Apt. No.: | Haz. Mat. Code: | Released: ☐

City or Town: UTILITY POLE | State: | Zip Code:

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

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.

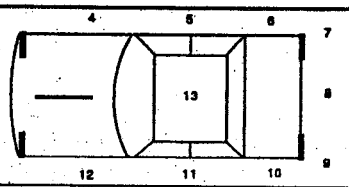
**VEHICLE 2 DAMAGE CODES**

| | | | |
|---|---|---|---|
| Box 1 - Point of Impact<br>Box 2 - Most Damage | 1 | 2 | |
| Enter up to three more Damage Codes | 3 | 4 | 5 |

Vehicle Towed: By To

VEHICLE DAMAGE CODING:

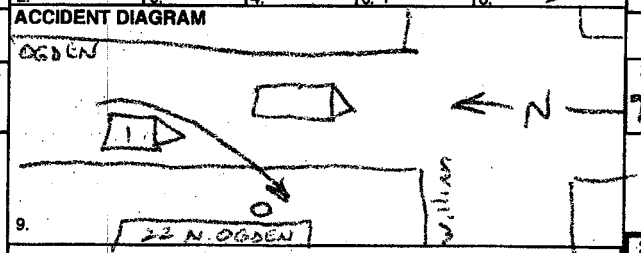
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER




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

| Rear End | Left Turn | Right Angle | Right Turn | Head On |
|---|---|---|---|---|
| 1. | 3. | | 5. | 7. |
| Sideswipe (same direction) | Left Turn | | Right Turn | Sideswipe (opposite direction) |
| 2. | 0. | 4. | 6. | 8. |

**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 Erie ☒ City ☐ Village ☐ Town of Buffalo

Road on which accident occurred 22 N. Ogden (Route Number or Street Name)

at 1) intersecting street (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: Driver 1 states engine over revved on its own
Vehicle would not stop
To avoid vehicle parked in traffic lane, vehicle 1 struck utility pole
Vehicle 1 was southband on N. Ogden and struck utility pole
at 22 N. Ogden

USE COVER SHEET: N

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 | | | | | | | | Rural Metro | 1411 | | |
| B | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |

| Officer's Rank and Signature | Badge/ID No. | NCIC No. | Precinct/Post Troop/Zone | Station/Beat/ Sector | Reviewing Officer | Date/Time Reviewed |
|---|---|---|---|---|---|---|
| Charles Gidney Jr. | 2213 | 01401 | C | C431 | | 6/7/08 |

Print Name in Full: Charles Gidney Jr.

* picture is broken pole that by my car – taken after car removed from scene

7/2/08

front of car which
hit utility pole & Knocked
pole down —

approx 7800.00 damage According
To State Farm adjusted —

To be repaired

But I will not use car until
GM finds & repairs malfunction —
car would be potential death trap
other wise — it malfunctioned 2 x previously
but no injury or damage resulted (Replied to dealer GM)