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DOT Auto Safety Hotline

U.S. Department of Transportation

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

09-MAR-2009

Repository

Reference No. 10261318

OWNER INFORMATION (Type or Print)

Name, Address, City (LATHAM), State (NY), Zip Code

Daytime Telephone Number, Evening Telephone Number, E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO Signature of Owner Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number, Make (TOYOTA), Model (COROLLA), Model Year (2007), Date Purchased (7/07), Dealer's Name (NORTHWAY TOYOTA), Engine (4), Fuel Type (GAS), Transmission Type (Auto), Antilock Brakes, Cruise Control, Incident Date (05-FEB-2009)

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS, Failure Mileage (28,000), Failure Speed (50)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make, Tire Model, Tire Size, DOT No., 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 (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).

TL*THE CONTACT OWNS A 2007 TOYOTA COROLLA. WHILE DRIVING 50 MPH, THE CONTACT WAS INVOLVED IN A HEAD-ON CRASH. THE FRONT END OF THE VEHICLE WAS CRUSHED IN AND THE AIR BAGS FAILED TO DEPLOY. THE CONTACT WAS THE ONLY OCCUPANT IN THE VEHICLE AND, ALTHOUGH HE WAS WEARING HIS SEAT BELT AT THE TIME, SUSTAINED INJURIES. HE WAS TRANSPORTED BY AMBULANCE TO THE HOSPITAL. THE VEHICLE WAS TOWED TO A MECHANIC FOR REPAIR. A POLICE REPORT WAS FILED AND THE CONTACT HAS PICTURES OF THE VEHICLE. THE FAILURE MILEAGE WAS 2,700- 28,000

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

SEE ACCIDENT REPORT. INJURIES INCLUDE CONCUSSION, JAW TRAUMA, BROKEN AND FRACTURED TOOTH, TRAUMA INJURY TO SHOULDERS, NECK, UPPER AND LOWER BACK, CHEST TRAUMA, MULTIPLE FRACTURED RIBS BOTH SIDES, INJURIES TO BOTH ARMS, FRACTURES WRISTS, TORN LIGAMENTS AND TENDONS BOTH WRISTS, BRUISED ELBOWS, PEVIC INJURIES, BRUISED RIGHT & LEFT HIPS, DAMAGED TRACHEA AND ESOPHAGUS, BRUISED THIGHS, SPRAINED HANDS AND KNEES, TRAUMA AND COMPRESSION DAMAGE TO RIGHT LEFT AND RIGHT ANKLES WITH FRACTURES, TORN LIGAMENT RIGHT FOOT. DAMAGE AND SPRAIN TO RIGHT AND LEFT HANDS, PNEUMONIA DUE TO CHEST TRAUMA 6 DAYS AFTER CRASH.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

ALBANY NY 1220



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**

20077-9382



Think your vehicle has a safety defect?



**If so:
Use the enclosed form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

FOLD → HERE
 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 02 Day 25 Year 09 Day of Week: THURSDAY Time: 4:28 AM PM Number of Vehicles: 2 Number Injured: 1 Number Killed: _____ Did police investigate accident at scene? Yes No If "Yes", Name of Police Agency or Precinct & Accident Number: STATE POLICE LOUDONVILLE 10102 SAIG 81000730

DRIVER

REGISTRANT

VEHICLE DAMAGE

ACCIDENT LOCATION

INVOLVED

INSURANCE

DRIVER OF VEHICLE 1
 Driver License ID Number: _____ State of License: NEW YORK
 Driver Name - exactly as printed on license (Last, First, MI): _____ State of License: NEW YORK
 Address (include Number & Street): _____ Apt. Number: _____
 City or Town: LATHAM State: NY Zip Code: _____
 Date of Birth: _____ Sex: M Number of People in Vehicle: 1 Public Property Damaged:

DRIVER OF VEHICLE 2
 VEHICLE 2 PEDESTRIAN BICYCLIST OTHER PEDESTRIAN
 Driver License ID Number: _____ State of License: NEW YORK
 Driver Name - exactly as printed on license (Last, First, MI): _____ State of License: NEW YORK
 Address (include Number & Street): _____ Apt. Number: _____
 City or Town: BROADALBIN State: NY Zip Code: _____
 Date of Birth: _____ Sex: M Number of People in Vehicle: 1 Public Property Damaged:

REGISTRANT OF VEHICLE 1
 Name exactly as printed on registration: _____ Date of Birth: _____ Sex: M
 Address (include Number & Street): _____ Apt. Number: _____
 City or Town: LATHAM State: NY Zip Code: _____

REGISTRANT OF VEHICLE 2
 Name exactly as printed on registration: _____ Date of Birth: _____ Sex: M
 Address (include Number & Street): _____ Apt. Number: _____
 City or Town: BROADALBIN State: NY Zip Code: _____

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

Describe damage to vehicle 1: ESTIMATED \$7,400 DAMAGE TO FRONT END. SEE ATTACHMENT #3

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.

STATE HIGHWAY RT. 7 WEST

Describe damage to vehicle 2: FRONT END

Place Where Accident Occurred in New York State:
 County: ALBANY City Village Town of COLONIE Permanent Landmark: _____
 Road on which accident occurred: STATE HIGHWAY 7 ALTERNATE 7 GOING WEST
 at 1) intersecting street _____ (Route Number or Street Name)
 or 2) _____ N S E W of STATE HIGHWAY 787 (Milepost, Nearest intersecting Route, Number or Street Name)
 How did the accident happen? SEE ATTACHMENT #1

Names of All Persons Involved

8 Which Veh. Occupied	9 Position in/on Vehicle	10 Safety Equip. Used	12. Age	13. Sex	16. Injury	Describe Injuries	If Deceased, Enter Date of Death
					A B C		
1	DRIVER	2+3 4		M	X	HEAD, JAW, NECK, SHOULDER, ARM, WRIST, FRACTURED TOOTH, RIBS, HIP, PELVIC, CHEST, ESCAPULAS, KNEE, ANKLES BACK (SEE ATTACHMENT #2)	
2	DRIVER						

Identify Damaged Property Other Than Vehicle(s)

Name of Insurance Company That Issued Policy for Vehicle 1: LIBERTY MUTUAL

Name and Address of Policy Holder: _____ LATHAM, NY

Policy Number: _____ VIN: 2T1BR32E07C

Policy Period From: 10/24/08 To: 10/24/09

If Vehicle was Operated Under Permit (ICC USDOT or NYSDOT), give No. _____ Name and Address of Permit Holder: _____

If Self-Insured, give Certificate No. _____

Date: 02/15/09 Print Name of Driver (or Representative) of Vehicle 1: _____ Signature of Driver (or Representative) of Vehicle 1: _____

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.

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