 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>Date Received</p> <p>24-SEP-2012 OCT 2 2012</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10476884</p>			
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name</p> <p>[REDACTED]</p>		<p>Daytime Telephone Number</p> <p>[REDACTED]</p>		<p>E-mail Address</p> <p>[REDACTED]</p>	
<p>Address</p> <p>[REDACTED]</p>		<p>Evening Telephone Number</p> <p>[REDACTED]</p>			
<p>City</p> <p>WASHINGTON</p>	<p>State</p> <p>DC</p>	<p>Zip Code</p> <p>[REDACTED]</p>			
<p><i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i></p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>1HGCE6648VA [REDACTED]</p>		<p>Make</p> <p>HONDA</p>	<p>Model</p> <p>ACCORD EX</p>	<p>Model Year</p> <p>1997</p>	
<p>Date Purchased</p>	<p>Dealer's Name and Telephone Number</p>		<p>Engine:</p> <p>No: Cylinders 6</p>	<p>Fuel Type:</p>	
<p>Original Owner</p> <p><input type="checkbox"/></p>	<p>Dealer's City</p>	<p>State</p>	<p>Zip Code</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Antilock Brakes</p> <p><input type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>		<p>Incident Date(s)</p> <p>18-SEP-2012</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: 180000 VEHICLE SPEED CONTROL</p>			<p>Failure Mileage</p> <p>160000</p>	<p>Failure Speed</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>	<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>		
<p>DOT No. (Example: DOTM19ABC036)</p>	<p><input type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>			
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>					
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>2</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>N (X)</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 1997 HONDA ACCORD. THE CONTACT STATED THAT WHILE DRIVING 3 MPH IN AN ALLEY, THE VEHICLE SUDDENLY ACCELERATED, CAUSING THE CONTACT TO CRASH INTO A CONCRETE WALL BEFORE INDEPENDENTLY COMING TO A STOP. THE CONTACT AND A PASSENGER SUSTAINED INJURIES AS A RESULT. A POLICE REPORT WAS NOT AVAILABLE. THE VEHICLE WAS TOWED TO THE CONTACT'S RESIDENCE AND HAD NOT BEEN INSPECTED FOR THE CAUSE OF THE SUDDEN ACCELERATION FAILURE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND THE CURRENT MILEAGES WERE 160,000.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>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.</p>					

October 06, 2012

Washington DC [REDACTED]

State Farm Claims
P. O. Box 106120
Atlanta GA 30348-6120

RE: Claim Number: [REDACTED]
Date of Loss: September 18, 2012
Our Insured: [REDACTED]

Dear [REDACTED]:

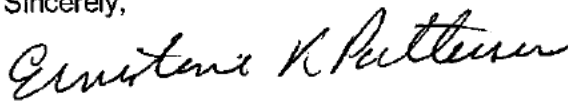
We received your claim and have been unable to reach you by phone. Please call us so we may discuss your loss and any applicable coverage available under your policy.

Thank you for choosing State Farm® for your insurance needs. Our goal is to make the claim process go as smoothly as possible. We are committed to providing you with remarkable claim service. We look forward to receiving your feedback during the handling of your claim.

As a State Farm® policyholder, you can enjoy the benefits of online registration. Benefits include checking the status of your claim online; managing your insurance information and accounts; and staying connected to State Farm. Just go to statefarm.com® to get registered. All you need to complete the process is your State Farm policy or account number, your email address, and about five minutes. If you are already registered, thank you!

We look forward to hearing from you soon. If we have spoken with you since the date of this letter, please disregard our request.

Sincerely,



Ernestine K Patterson 
Claim Processor
(866) 415-9020 Ext. 10
Fax: (888) 296-2330

State Farm Mutual Automobile Insurance Company

TRAFFIC CRASH REPORT



Metropolitan Police Department, Washington, DC

Record N/A in any field that does not apply to this event. For yes/no questions, circle one.
 All dates should be formatted as mm/dd/yyyy.
 Explain any "other" response in narrative.

Preliminary Public MPD Document

1. Date of Crash 09/18/2012	2. Time of Crash (Use military) 15:18	3. Day of Week Tuesday	4. Date of Report 09/18/2012	5. Complaint Number (CCN) 12132180	6. UCC Number I20120472395
7. Type of Crash (Check all that apply) <input type="checkbox"/> 01 Fatality <input checked="" type="checkbox"/> 03 Property Damage Only <input checked="" type="checkbox"/> 02 Injury <input type="checkbox"/> 04 Hit & Run <input type="checkbox"/> 05 Pedestrian <input type="checkbox"/> 06 D.C Prop <input type="checkbox"/> 07 Non-Collision <input type="checkbox"/> 08 Comm.Veh (Large Truck/Bus/HM) <input type="checkbox"/> 09 Other			8. Location (Street/bridge/tunnel name/ & quadrant) 1428 Monroe Street NW		9. District 3
10. PSA 302					
Enter the number of feet, in whatever direction, from the nearest intersection or block (0 feet if at an exact location). On freeways, enter the number of feet from the nearest mile post or PEPCO pole no., etc. Indicate if accident occurred on exit ramp, bridge, tunnel or other. Finally, circle the city quadrant.					
11. Location Type and Name Feet from Intersection/Block: 1400 blk Monroe Street Freeway Mile Post: N/A PEPCO Pole No: N/A Exit Ramp: N/A Bridge: _____ Tunnel: _____ Other: N/A Circle Quadrant: NW					
12. Construction Zone? No	13. On-Street Location <input type="checkbox"/> 01 At Intersection <input type="checkbox"/> 02 Within 100' of Intersection <input checked="" type="checkbox"/> 03 Not at Intersection <input type="checkbox"/> 04 Private Property <input type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other		14. Off-Street Location <input type="checkbox"/> 01 Public Space <input type="checkbox"/> 02 Private Property <input checked="" type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other: _____		15. Report taken on Scene? No
16. Photos taken? No	17. If yes, # Photos	17. # vehicles involved 1	18. # Injured Persons 1	20. # Fatalities 0	
189 (Type of Crash) Side Swiped	190 (Road Surface) Concrete	191 (Road Type) Straight	192 (Road Condition) Wet	193 (Street Lighting) Street Lights Off	194 (Light Condition) Daylight
195 (Weather) Rain	196 (Traffic Condition) Light	197 (Roadway Type)	198 (Traffic Controls) None	199 (Pedestrian Action) N/A	

Have received 7 pages of Police Report

NJ

TRAFFIC CRASH REPORT



Metropolitan Police Department, Washington, DC

Associated Vehicle #: 1							
21. OBJECT TYPE (Describe fixed object and damage in narrative)	22. LastName First Middle	23. Sex	24. DOB	25. Street Address		26. City, State, Zip	
Car		1				WASHINGTON DC	
27. Home/Cell/ Number	28. Work Number	29. License Number	30. State	31. Class	32. Ins Exp Date	33. Driver Insurance Co.Name	34. Policy #
			DC	16		Unknown	
35. Make	36. Model	37. Year	38. Body	39. Color	40. Vehicle ID Number (VIN)		41. Tag Number
HOND	ULX	1997	Sedan (4-door)	Gold	1HGCE5648VA		
42. State	43. Year	44. Owner's Last Name First Middle		45. Owner Notified ?	46. Owner's Street Address		47. City,State,Zip
DC	2013			No			WASHINGTON, DC
48. Owner's Telephone#	49. Veh. Insurance Co.(If different from #133)		Veh. Seq. 200a	Veh. Seq. 200b	Veh. Seq. 200c	Veh. Seq. 200d	210a-d Cell Phone/Other Electronic Device Present(Y/N)
			Collision Involving Fixed Object	Collision Involving Fixed Object	Not applicable, no more vehicles or event sequences for this vehicle	Not applicable, no more vehicles or event sequences for this vehicle	N/A
211a-d Driver/Pedestrian Distraction	212a-d Primary Contributing Circumstance	213a-d Driver Action	214a-d Vehicle Type:Private	215 a-d Vehicle Type Govt	216a-d Vehicle type:Comm	19a-d # of Occupants (Incl Driver)	
Unknown	No Violation	N/A	Passenger Auto	N/A	NA	2	
Associated Vehicle #: 2							
21. OBJECT TYPE (Describe fixed object and damage in narrative)	22. LastName First Middle	23. Sex	24. DOB	25. Street Address		26. City, State, Zip	
Other fixed object		1				Washington DC	
27. Home/Cell/ Number	28. Work Number	29. License Number	30. State	31. Class	32. Ins Exp Date	33. Driver Insurance Co.Name	34. Policy #
		N/A		0		Unknown	Unknown
35. Make	36. Model	37. Year	38. Body	39. Color	40. Vehicle ID Number (VIN)		41. Tag Number
Red Brick	Alely Wall	N/A	N/A	Red	N/A		N/A
42. State	43. Year	44. Owner's Last Name First Middle		45. Owner Notified ?	46. Owner's Street Address		47. City,State,Zip
	N/A			No			Washington, DC
48. Owner's Telephone#	49. Veh. Insurance Co.(If different from #133)		Veh. Seq. 200a	Veh. Seq. 200b	Veh. Seq. 200c	Veh. Seq. 200d	210a-d Cell Phone/Other Electronic Device Present(Y/N)

TRAFFIC CRASH REPORT



Metropolitan Police Department, Washington, DC

			Collision Involving Motor Vehicle in Transport	Collision Involving Other Movable Object	Not applicable, no more vehicles or event sequences for this vehicle	Not applicable, no more vehicles or event sequences for this vehicle	N/A
211a-d Driver/Pedestrian Distraction	212a-d Primary Contributing Circumstance	213a-d Driver Action	214a-d Vehicle Type:Private		215 a-d Vehicle Type Govt	216a-d Vehicle type:Comm	19a-d # of Occupants (Incl Driver)
N/A	No Violation	N/A	N/A		N/A	NA	N/A
Associated Vehicle #: 3							
21. OBJECT TYPE (Describe fixed object and damage in narrative)	22. LastName First Middle	23. Sex	24. DOB	25. Street Address		26. City, State, Zip	
Other fixed object		1				Washington DC	
27. Home/Cell/ Number	28. Work Number	29. License Number	30. State	31. Class	32. Ins Exp Date	33. Driver Insurance Co.Name	34. Policy #
		N/A	WY	0		Unknown	N/A
35. Make	36. Model	37. Year	38. Body	39. Color	40. Vehicle ID Number (VIN)		41. Tag Number
Wrought Iron Fence	6' X 8'	Unk.	N/A	Black	N/A		N/A
42. State	43. Year	44. Owner's Last Name First Middle		45. Owner Notified ?	46. Owner's Street Address		47. City,State,Zip
	N/A			No			Washington, DC
48. Owner's Telephone#	49. Veh. Insurance Co.(if different from #133)		Veh. Seq. 200a	Veh. Seq. 200b	Veh. Seq. 200c	Veh. Seq. 200d	210a-d Cell Phone/Other Electronic Device Present(Y/N)
			Collision Involving Motor Vehicle in Transport	Not applicable, no more vehicles or event sequences for this vehicle	Not applicable, no more vehicles or event sequences for this vehicle	Not applicable, no more vehicles or event sequences for this vehicle	N/A
211a-d Driver/Pedestrian Distraction	212a-d Primary Contributing Circumstance	213a-d Driver Action	214a-d Vehicle Type:Private		215 a-d Vehicle Type Govt	216a-d Vehicle type:Comm	19a-d # of Occupants (Incl Driver)
N/A	No Violation	N/A			N/A	NA	N/A

TRAFFIC CRASH REPORT

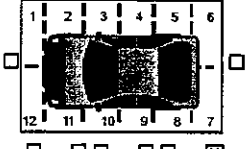
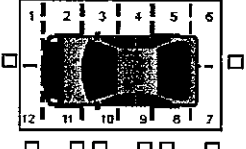
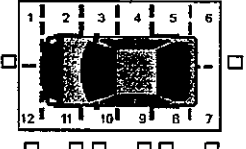


Metropolitan Police Department, Washington, DC

Associated Vehicle #: 1						
137a-c Assoc. W/Vehicle#	138a-c Last Name, First Name			139a-c Street Address, City, State, Zip		140a-c Home/Cell/Work#
1	[REDACTED]			[REDACTED] Washington, DC [REDACTED]		[REDACTED]
141a-c Sex	142a-c Age	143a-c Employed by DC Government?		144a-c Taken to hospital?	146a-c Taken to (Hospital)	147a-c By whom (Last Name, First Name)?
F	56	No		Yes	Georgetown University Hospital	DCAMB#9
148a-c Major Crash Notified?	149a-c Teletype Notified ?	150a-c Relative Notified? (If Yes, Last & First Name & Relationship)		151a-c Status (Admitted, Released, UnKnown)	201a-c (Seat Location Code)	202a-c (Seat belt code)
No	No	Husband/Driver [REDACTED] on scene and went to hospital.		UnKnown	Front Passenger Seat	Fastened
203a-c (Air Bag Code)	204a-c (Ejection Code)	205a-c (Injury Code)	206a-c Driver/Pedestrian Condition	207a-c Impairment	208a-c Type of Test Conducted	209a-c Blood Alcohol Content)
Air Bag Deployed	None	Complaint of Pain, but No Visible Injury	Normal	Had not been drinking	N/A	
Associated Vehicle #: 1						
137a-c Assoc. W/Vehicle#	138a-c Last Name, First Name			139a-c Street Address, City, State, Zip		140a-c Home/Cell/Work#
1	[REDACTED]			[REDACTED] #, WASHINGTON, DC [REDACTED]		[REDACTED]
141a-c Sex	142a-c Age	143a-c Employed by DC Government?		144a-c Taken to hospital?	146a-c Taken to (Hospital)	147a-c By whom (Last Name, First Name)?
M	83	No		No		
148a-c Major Crash Notified?	149a-c Teletype Notified ?	150a-c Relative Notified? (If Yes, Last & First Name & Relationship)		151a-c Status (Admitted, Released, UnKnown)	201a-c (Seat Location Code)	202a-c (Seat belt code)
No	No			None	Driver	Use Driver
203a-c (Air Bag Code)	204a-c (Ejection Code)	205a-c (Injury Code)	206a-c Driver/Pedestrian Condition	207a-c Impairment	208a-c Type of Test Conducted	209a-c Blood Alcohol Content)
N/A	None	No Injury	Normal	Had not been drinking	N/A	
155a-c Arrest/NOI#		156a-c Primary and Secondary Charges (Report must support charges)			157a-c What Traffic Signs Were Present?	
N/A / 265324511, 265324522		Other			N/A	



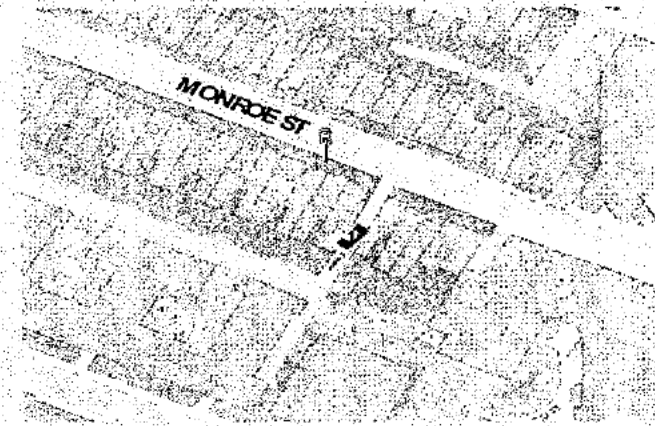
Associated Vehicle #: 1

<p>158 Striking Object/Vehicle Direction of Travel and Street Before Crash (must match narrative and diagram)</p> <p><input checked="" type="checkbox"/> 01 N/B <input type="checkbox"/> 02 E/B <input type="checkbox"/> 03 S/B <input type="checkbox"/> 04 W/B <input type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other</p> <p>159 Disabled? Yes</p>	<p>160 Skid Marks To Impact: 0 After Impact: 0 <input type="checkbox"/> N/A</p>	<p>161 Area With Damage:</p> <p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/> 13 Hood <input type="checkbox"/> 16 Undercarriage <input type="checkbox"/> 14 Roof <input type="checkbox"/> 17 Overturned <input type="checkbox"/> 15 Trunk <input checked="" type="checkbox"/> 18 Other(Explain in narrative)</p>	<p>162 Vehicle Was..</p> <p><input type="checkbox"/> 01 Left on Scene <input checked="" type="checkbox"/> 02 Towed By: Able's Towing Towed to: 1827 Adams Mill Road NW Towing Control # 0135 <input type="checkbox"/> 03 Driven Away By: _____ <input type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other: _____</p>
<p>158 Additional Vehicle Direction of Travel and Street Before Crash (must match narrative and diagram)</p> <p><input type="checkbox"/> 01 N/B <input type="checkbox"/> 02 E/B <input type="checkbox"/> 03 S/B <input type="checkbox"/> 04 W/B <input type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other</p> <p>159 Disabled? No</p>	<p>160 Skid Marks To Impact: N/A After Impact: N/A <input type="checkbox"/> N/A</p>	<p>161 Area With Damage:</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> 13 Hood <input type="checkbox"/> 16 Undercarriage <input type="checkbox"/> 14 Roof <input type="checkbox"/> 17 Overturned <input type="checkbox"/> 15 Trunk <input checked="" type="checkbox"/> 18 Other(Explain in narrative)</p>	<p>162 Vehicle Was..</p> <p><input type="checkbox"/> 01 Left on Scene <input type="checkbox"/> 02 Towed By: Towed to: Towing Control # <input type="checkbox"/> 03 Driven Away By: _____ <input checked="" type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other: _____</p>
<p>158 Additional Vehicle Direction of Travel and Street Before Crash (must match narrative and diagram)</p> <p><input type="checkbox"/> 01 N/B <input type="checkbox"/> 02 E/B <input type="checkbox"/> 03 S/B <input type="checkbox"/> 04 W/B <input type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other</p> <p>159 Disabled? No</p>	<p>160 Skid Marks To Impact: N/A After Impact: N/A <input type="checkbox"/> N/A</p>	<p>161 Area With Damage:</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>  <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> 13 Hood <input type="checkbox"/> 16 Undercarriage <input type="checkbox"/> 14 Roof <input type="checkbox"/> 17 Overturned <input type="checkbox"/> 15 Trunk <input checked="" type="checkbox"/> 18 Other(Explain in narrative)</p>	<p>162 Vehicle Was..</p> <p><input type="checkbox"/> 01 Left on Scene <input type="checkbox"/> 02 Towed By: Towed to: Towing Control # <input type="checkbox"/> 03 Driven Away By: _____ <input checked="" type="checkbox"/> 97 N/A <input type="checkbox"/> 99 Other: _____</p>



Metropolitan Police Department, Washington, DC

178. Crash Diagram (Not to Scale) (The diagram must correspond to the narrative. If the report is being taken by an officer after the fact, the diagram shall be completed to show the general area in which the crash occurred. Please indicate freeway access ramps, exit ramps and bridges. Indicate type of fixed object(s), direction, posted speed and vehicles by number indicated in spaces above.)



Location: [Redacted]

179. Detailed Narrative (Give a concise statement, in your own words, of the facts that are not covered in this report, or clarify any items that are not satisfactorily explained ("other" answers). If statements are taken, use PD118 (Defendant/Suspect Statement) or PD119 (Complainant/Witness statement). If accident occurred in a construction zone, describe type of construction zone. Wherever possible, list the item number of the corresponding section.

D-1 reports on Tuesday September 18th 2012 at approximately 1515hrs, while operating his Gold 1997 Honda Accord 4DR. DC Tag# [Redacted] Exp. 10/12/2013, VIN# 1HGCE6648V/[Redacted] he was eastbound in the south alley of the 1400 block of Monroe Street NW. D-1 further reported that when he turned northbound into the west alley of the 3200 block of 14th Street NW, upon entering the alley headed northbound, D-1 advised that the engine in the vehicle accelerated to a redline by itself. The acceleration mixed with the torrential downpour and lack of traction caused D-1's vehicle to strike a 6" extruding brick wall which had a 1/4" thick piece of steel cemented to the corner. Upon striking the steel corner piece D-1's vehicle spun in a clockwise motion causing the rear end to mount the alley curb to [Redacted]. Upon striking the curb, D-1's vehicle then collided with a 6' X 8' wrought iron fence causing a 6' X 8' section of fence to be ripped from a 4" X 4" X 8' steel fence post also damaging the post. D-1's vehicle was then stuck in the alleyway. P-1 complained of chest pain on the scene. D-1 and P-1 then returned home to [Redacted] NW and called 911 for medical assistance. DCAMB#9 responded to the scene and transported P-1 to Georgetown University Hospital. The undersigned located the vehicle in the alley with the engine still running and both doors open. Able's Towing responded and recovered the vehicle. The vehicle was placed on Able's lot located at 1827 Adams Mill Road NW. D-1 was issued MPDC NOI# 265324511 for Failure to Provide Proof of Insurance as well as MPDC NOI# 265324522 for Owner Operating Vehicle Without Proper Insurance. The owner of the residence of [Redacted] did not report any damage to the location. The tenant's of [Redacted] unit's [Redacted] were not able to be located. A referral card was given to [Redacted] and left at the front door of [Redacted]

TRAFFIC CRASH REPORT



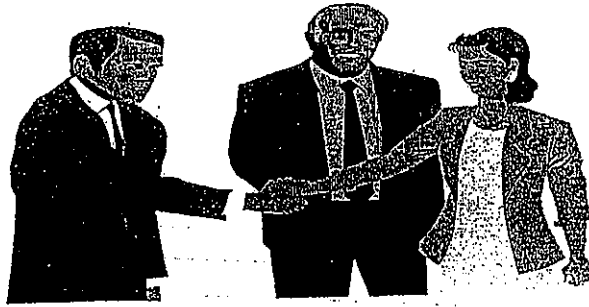
Metropolitan Police Department, Washington, DC

This report is used for statistical analysis of vehicular crashes and the prevention thereof. The data given represents the opinion and conclusion of the reporting officer, based on his/her judgement after considering all the facts disclosed through his/her investigation of this crash.

180. Reporting Member's Name/CAD/Badge#	181. Unit	182. Signature	183. Official's Name/CAD/Badge #	184. Official's Unit
Alexandros Varvounis/8109/2802	17	Alexandros Varvounis	S0506	
185. Official's Signature	186. Reviewer	187. Distribution	188. Date	Complaint Number (CCN)
Michael H Smith				12132180

Approved by Unit Supervisor: Michael H Smith

Approved by Staff Reviewer:



CHANGE, INC.

Office: (202) 387-3725 ex 17

Fax: (202) 387-3729

Email:

FAX

TO: Warren BMO (warbro70@aol.com)
FAX: 7/534 8732 PAGES: 13
PHONE: 571-228-8381 DATE: 10/17/12
RE: Accident (Honda) CC: NHTSA
defective vehicle

URGENT FOR REVIEW PLEASE COMMENT

PLEASE REPLY PLEASE RECYCLE

COMMENTS: _____

Rec'd 10/3/2012

In the Matter of

Name: (First, Middle, Last) [REDACTED]
 Address: [REDACTED]
 City: WASH State: DC Zip Code: [REDACTED]
 Telephone Number: (H) [REDACTED] (W) [REDACTED] (C) [REDACTED]

Ticket Number(s)

1.	265324511	2.	
3.	265324522	4.	
5.		6.	

Statement

On Sep. 18, 2012, at around 2pm. My wife and I entered our car that we park in our back yard. I immediately after driving in the alley approx. 10 yds, the car suddenly accelerated by itself and was totally out of control going at a very high speed. I put my leg on the break but the car continue to speed. I then decided to hit the wall of a building before I reach the main road where there were many pedestrians. The car was totally damaged, smoke and fire started, I then rushed out to pull my wife out before the car explodes. My wife was severely injured on face, ribs broken and I suffered burns and also injured my whole back.

Thank God the air bag, seat belt protected us and we both were taken to George Wash. Hosp. We were both treated and continue to be treated at George Wash. Hosp. The police came to the hospital told us the car is totalled and left on my answering machine saying "This car has a history of accelerating by itself and that the ticket was only given to me, because I was not there to show my insurance card or paper."

Signature

[REDACTED]

Date: 10/03/12

Any person using a fictitious name or address and/or knowingly making more than \$1,000 or 180 days imprisonment or both. (DC Official Code)

on this application is in violation of DC Law and subject to a fine of not

To report waste, fraud and abuse by a DC Government Official or agency, call the DC Inspector General at 1-800-521-1639. For additional information, visit our website: www.dmv.dc.gov or call 311 or 202-737-4404 outside of the (202) area code.

A page of statement from accident NI Ticket

From:

Wash DC

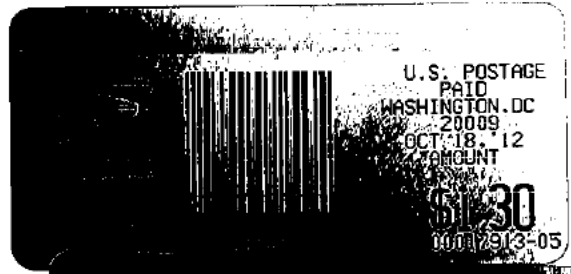
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



7012 1640 0001 7702 0163

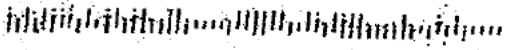
W 48226



To: US Dep. Transportation
NHTSA-Off. of Defective Investigation
NVS/210
1200 N.J. AV. SE West Bldg.
Wash. DC. 20590

ReadyPost.

Document Mailer



To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.