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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

Date Received	Repository ☐
21-DEC-2017	Reference No. 11055941
FEB 0 8 2018	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City SPRINGFIELD GARDENS	State NY	Zip Code [redacted]	

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1HGCM56337A[redacted]	HONDA	ACCORD	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code	No: Cylinders 4	Gas

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 05-APR-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed 25

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		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* TAKATA RECALL. THE CONTACT OWNED A 2007 HONDA ACCORD. WHILE DRIVING APPROXIMATELY 25 MPH AND ACCELERATING TO GO THROUGH A GREEN LIGHT, A CRASH OCCURRED. ANOTHER VEHICLE ATTEMPTING TO MAKE A LEFT WITHOUT YIELDING CRASHED INTO THE FRONT PASSENGER SIDE OF THE CONTACT'S VEHICLE, AND THEN SPUN AROUND AND CRASHED INTO THE DRIVER'S SIDE OF THE CONTACT'S VEHICLE. THE AIR BAG IN THE STEERING WHEEL DEPLOYED WITH FORCE, INJURING THE CHEST CAVITY OF THE CONTACT AND CAUSED MINOR BRUISING AND SCRATCHES FROM THE FORCE OF THE AIR BAG DEPLOYMENT. ALL OF THE AIR BAGS DEPLOYED. THE SEAT BELT FULLY RESTRAINED THE CONTACT UPON IMPACT. THE CONTACT RECEIVED MEDICAL TREATMENT. A POLICE REPORT WAS FILED. THE INSURANCE COMPANY TOWED THE VEHICLE TO A REPAIR FACILITY WHERE IT WAS DEEMED DESTROYED. THE VEHICLE WAS NOT DIAGNOSED BY A DEALER. THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN NUMBERS: 16V178000 (AIR BAGS), 15V370000 (AIR BAGS), AND 15V320000 (AIR BAGS). THE MANUFACTURER WAS NOTIFIED OF THE CRASH MONTHS LATER. THE FAILURE MILEAGE WAS NOT AVAILABLE.

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

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

On April 5, 2017, I was diving north on Springfield Boulevard. On reaching the intersection of Springfield Blvd. & Francis ~~Blvd~~ Lewis Blvd, having the green light, vehicle # 2 was being driven westbound, on Francis Blvd, did not yield to Red Light and made a left turn towards south on Springfield Blvd. Vehicle # 3 diving south-bound on Springfield Blvd, on the green light, hit vehicle # 2 and twisted it around, which collided with my vehicle. My airbag deployed and hit me in my chest which caused a braise and a swelling & a painful feeling is still in my chest. (contd) ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

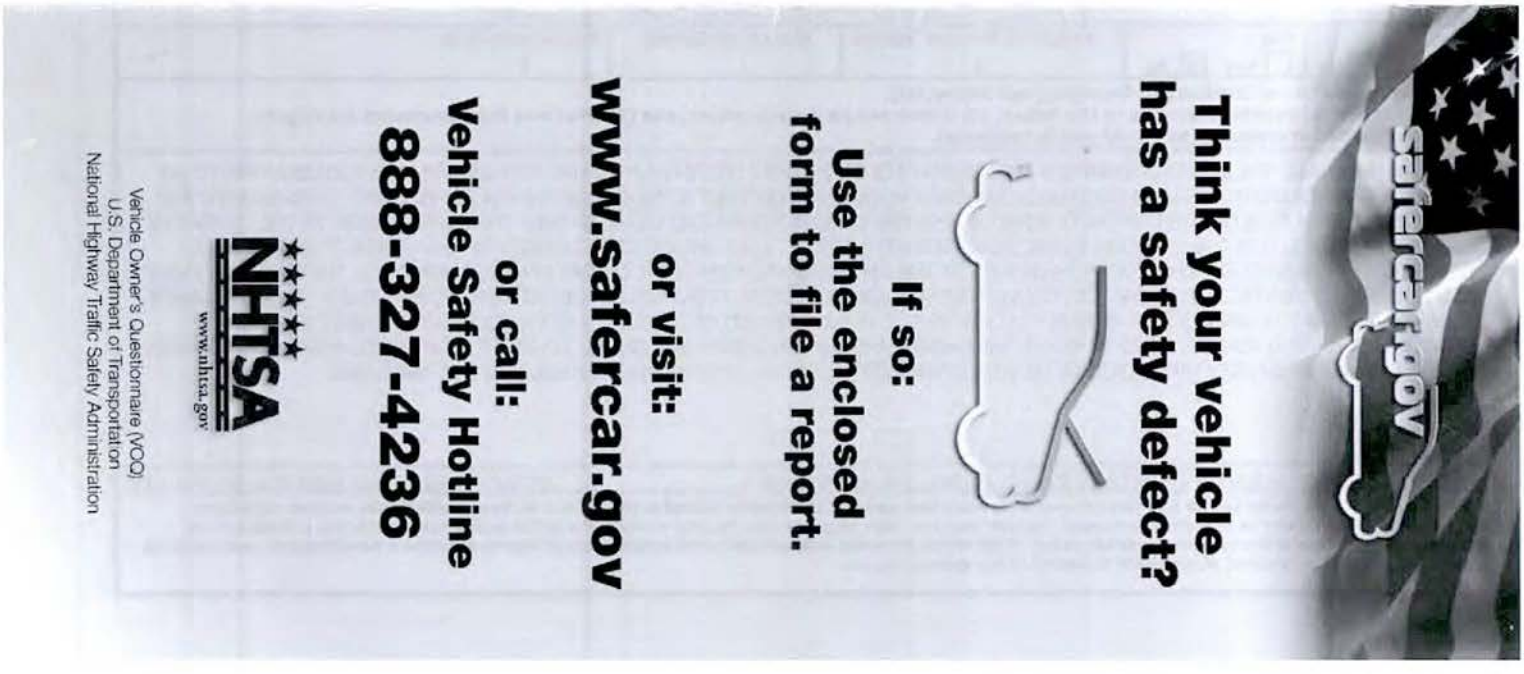
Official Business
Penalty for Private Use $300

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, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



On August 2, 2017, I collapsed and was rushed to the Emergency Room of the Queens General Hospital by an Emergency vehicle. I was admitted on the ward where I spent three (3) days suffering from blood clot in my lungs caused by the hit on my chest. I am still taking medication for that problem.

In case you cannot reach me, contact [redacted] (my wife) at the same address. Telephone [redacted]

Sign [redacted]

Page 1 of 4 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct: 105

Accident No: [redacted]

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 ☐ / Reconstructed ☐	Left Scene ☑	Police Photos ☐ Yes ☑ No
4 / 5 / 2017	WEDNESDAY	12:00	3	1	0			

VEHICLE 1

VEHICLE 1 - Driver License ID Number	[redacted]
State of Lic.	NY
Driver Name - exactly as printed on license	[redacted]
Address (Include Number & Street)	[redacted]
Apt. No.	
City or Town	QUEENS
State	NY
Zip Code	
Date of Birth (Month / Day / Year)	[redacted]
Sex	M
Unlicensed	☐
No. of Occupants	1
Public Property Damaged	☐
Name–exactly as printed on registration	[redacted]
Sex	M
Date of Birth	[redacted]
Address (Include Number & Street)	[redacted]
Apt. No.	
Haz. Mat. Code	
Released	☐
City or Town	QUEENS
State	NY
Zip Code	
Plate Number	[redacted]
State of Reg.	NY
Vehicle Year & Make	2007 HONDA
Vehicle Type	SEDAN
Ins. Code	413
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	1	2
Box 2 - Most Damage	2	2
Enter up to three more Damage Codes	3: 1	4: 3	5: 2

Vehicle Towed: By A&A MOTORS AND TOWING To 12322 MERRICK BLVD

VEHICLE 2

☑ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number	[redacted]
State of Lic.	FL
Driver Name - exactly as printed on license	[redacted]
Address (Include Number & Street)	[redacted]
Apt. No.	[redacted]
City or Town	MIAMI BEACH
State	FL
Zip Code	
Date of Birth (Month / Day / Year)	[redacted]
Sex	F
Unlicensed	☐
No. of Occupants	1
Public Property Damaged	☐
Name–exactly as printed on registration	[redacted]
Sex	F
Date of Birth	[redacted]
Address (Include Number & Street)	[redacted]
Apt. No.	[redacted]
Haz. Mat. Code	
Released	☐
City or Town	MIAMI BEACH
State	FL
Zip Code	
Plate Number	[redacted]
State of Reg.	NY
Vehicle Year & Make	2004 MERCURY
Vehicle Type	SEDAN
Ins. Code	57
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.

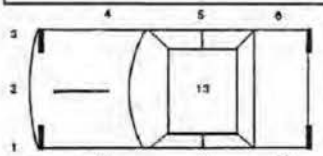
VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact	1	2
Box 2 - Most Damage	2	2
Enter up to three more Damage Codes	3: 1	4: 3	5: 10

Vehicle Towed: By A&A MOTORS AND TOWING To 123-22 MERRICK BLVD

VEHICLE DAMAGE CODING:

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



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.
Sideswipe (same direction) 2.	Left Turn 0.		Right Turn 6.	Sideswipe (opposite) 8.

ACCIDENT DIAGRAM

DIAGRAM ATTACHED ON SUBSEQUENT PAGE

3 LEFT TURN (OPP DIR)

9.

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: 40.69317
	Longitude/Easting: -73.74483

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

Road on which accident occurred: SPRINGFIELD BOULEVARD (Route Number or Street Name)

at 1) intersecting street: [redacted] (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 @ TPO V1 STATES HE WAS DRIVING NORTHBOUND ON SPRINGFIELD BLVD AND HAD A GREEN LIGHT WHEN VEHICLE 2 COLLIDED WITH HIM. VEHICLE 2 STATES SHE HAD A GREEN LIGHT PROCEEDED TO MAKE A LEFT ONTO SPRINGFIELD WHEN SHE WAS HIT BY AN UNKNOWN VEHICLE WHICH CAUSED HER VEHICLE TO COLLIDE WITH VEHICLE 1. VEHICLE 3 LEFT SCENE OF COLLISION WITHOUT STOPPING OR EXCHANGING ANY INFO

USE COVER SHEET: P

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	4	1	[redacted]	M	5	12	6	54E	7321	[redacted]	
B	2	1	4	1		F	-	-	-	-	-		

Officer's Rank and Signature	Print Name in Full	Tax ID No.	NCIC No.	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
POM	ALAN DELROSARIO	960436	03030	105		SGT SEAN P MITCHELL	04/05/2017 21:31