 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		FOR AGENCY USE ONLY 100148	
		Date Received 30-APR-2019		Repository <input type="checkbox"/> Reference No. 11204734	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
NORTH BABYLON		NY			
<small>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 59971 (Sep. 3, 2004).</small>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1C3CDFBA3GD			Make DODGE		Model Year 2016
Date Purchased		Dealer's Name and Telephone Number PAYLESS RENTAL CAR		Engine: No: Cylinders	
Original Owner <input type="checkbox"/>		Dealer's City 2005 Belvedere Rd		State FLA	
				Zip Code 33406	
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control		Powertrain West Palm Beach		Incident Date(s) 06-NOV-2017	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 100000 POWER TRAIN, 180000 VEHICLE SPEED CONTROL				Failure Mileage 37335	
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: DO1MAL9ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</small>					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured + 2	
				Number of Deaths	
				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 RENTED A 2016 DODGE DART. WHILE PARKING, THE VEHICLE ACCELERATED FORWARD WITHOUT WARNING AND CRASHED INTO A BUILDING. THE DRIVER AND PASSENGER AIR BAGS DEPLOYED. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE VEHICLE WAS TOTALED AND TOWED BACK TO THE RENTAL COMPANY. THE DEALER AND MANUFACTURER WERE NOT MADE AWARE OF THE FAILURE. THE CAUSE OF THE FAILURE WAS NOT DETERMINED. A POLICE REPORT WAS FILED. THE CONTACT SUFFERED INJURIES AND RECEIVED MEDICAL ATTENTION. THE FAILURE MILEAGE WAS 37,335. POLICE # [REDACTED]					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
<small>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 to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer</small>					

IDENT/INCIDENT REPORT (TO BE COMPLETED BY CUSTOMER & DEALER)

FULL NAME: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: *N. Babylon* STATE: *NY*
 DRIVER'S LICENSE NUMBER & STATE: [REDACTED]
 Email: [REDACTED]

DATE OF REPORT: *09/14/14* WEATHER CONDITION: *Good*
 DATE OF INCIDENT: *11/06/17* TIME OF INCIDENT: *2:15* A.M. P.M.

LOCATION OF INCIDENT: [REDACTED]
Delray Beach
 CITY: *Delray Beach* STATE: *FL* ZIP CODE: [REDACTED]
 CITY: *Delray Beach* STATE: [REDACTED]

VEHICLE NUMBER: [REDACTED] STATE: *MI*
 VEHICLE YR., MAKE/MODEL: *2016 Dodge Dart* ODOMETER READING AT TIME / ACCIDENT: [REDACTED]

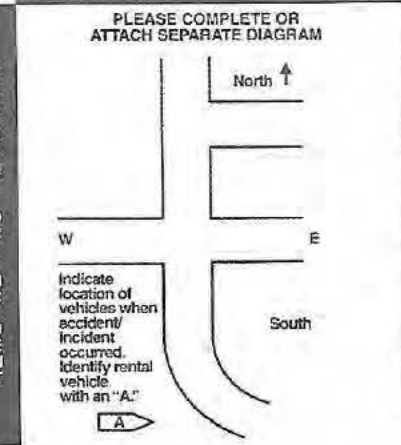
NAME OF PERSON OPERATING VEHICLE: [REDACTED] DATE OF BIRTH: [REDACTED]
 ADDRESS: [REDACTED] CITY / STATE / ZIP CODE: *N. Babylon NY*
 EMPLOYER (COMPANY NAME): [REDACTED] AREA CODE-TELEPHONE NO.: [REDACTED]
 ADDRESS OF EMPLOYER: [REDACTED] CITY / STATE / ZIP CODE: [REDACTED]
 VEHICLE USE: PERSONAL BUSINESS COVERAGE PURCHASED: PDW LDW SLI
 OPERATOR'S INSURANCE COMPANY: [REDACTED] NAME: [REDACTED] ADDRESS: [REDACTED]

"X" IN AREA OF VEHICLE DAMAGE
 CIRCLE:
 0 - No Damage
 1 - Light
 2 - Moderate
 3 - Heavy
 4 - Rolled
 5 - Burned


NAME OF OWNER: [REDACTED] ADDRESS: [REDACTED] CITY / STATE / ZIP CODE: [REDACTED] AREA CODE-TELEPHONE NO.: [REDACTED]
 OPERATOR'S NAME (if different from above): [REDACTED] ADDRESS: [REDACTED] CITY / STATE / ZIP CODE: [REDACTED] AREA CODE-TELEPHONE NO.: [REDACTED]
 OPERATOR'S LICENSE NO.: [REDACTED] INSURANCE CO. NAME / ADDRESS: [REDACTED] POLICY NO.: [REDACTED]

YEAR / MAKE / MODEL	DESCRIPTION OF VEHICLE OR PROPERTY DAMAGE	LICENSE PLATE NO.	STATE

NAME	ADDRESS STREET, CITY, STATE, ZIP CODE	PHONE	NATURE OF INJURY	AGE	Injured By: Veh. Occupant Renter Other	Injured Was: PEDESTRIAN
[REDACTED]	[REDACTED]	[REDACTED]	<i>leg over head</i>	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	<i>neck back</i>	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	<i>West Springfield NY</i>	[REDACTED]	<i>leg over</i>	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>



DESCRIBE HOW THE ACCIDENT & DAMAGE HAPPENED

Turning into parking space with foot on brake car accelerate. Car went into. Car hit shutters at [REDACTED] and into the structure at [REDACTED]. I do not think I got gas. Please check undercarriage. Car was almost stopped

SIGNATURE OF OPERATOR / CUSTOMER: [REDACTED]

RENTAL AGREEMENT NO: [REDACTED] DEALER CODE: [REDACTED] SIGNATURE OF DEALER, OPERATOR OR EMPLOYEE: *Ch*

NOTE: IF ADDITIONAL SPACE IS REQUIRED TO COMPLETE THIS REPORT USE SEPARATE SHEET OF PAPER AND ATTACH.