

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received

01-MAR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

857739

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
JM1BJ228X0195338	MAZDA	PROTEGE	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 16-DEC-2000 Mileage at Failure(s) 1900 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)


Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT A IMPACT OF 40 MPH IN WHICH BOTH AIR BAGS FAILED TO DEPLOY. DEALER NOTIFIED. \*AK

CONTINUED ON BACK PLEASE

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 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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 593210		Date Received: 01-MAR-2000 01-MAR-2000 OFFICE DEFECTS INVESTIGATION Reference No. 857739 Work Number _____ Home [Redacted]	
Do you authorize the use of your vehicle? In the absence of your signature, the name and address of the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner: [Redacted] Date: 3/13/2000	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
JM1BJ228X0195338	MAZDA	PROTEGE	1999
Current Odometer Reading			
1900			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection
9-99	TOM'S RIVER MAZDA		<input checked="" type="checkbox"/> Gas Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City TOM'S RIVER State N.J. Zip Code 08754	No Cylinders 4	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	16-FEB-2000 Mileage at Failure(s) 1900 Vehicle Speed at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage		Reported to Police	
6		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT AN IMPACT OF 40 MPH IN WHICH BOTH AIR BAGS FAILED TO DEPLOY. DEALER NOTIFIED. *AK <i>Estimated Damage is \$8,629.87</i>			
CONTINUE ON BACK IF NEEDED			
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 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.			

ACCIDENT OCCURRED ON: **ROUTE 530**  
 AT INTERSECTION WITH  FEET  MILES  METERS  KILOMETERS  
 OF: **SCHOOLHOUSE ROAD**  
 DATE OF COLLISION: **02/16/00** TIME: **11:27** MUNICIPALITY: **1518**  
 TOTAL KILLED: **0** TOTAL INJURED: **0**

VEH. NO. **55PHAS37040-1636M 242** VEH. NO. **293A913262**  
 PARKED  PED  BICYCLIST  RESPONDING TO AN EMERGENCY  HIT & RUN

DRIVER #1: **HELEN E VENNELL** 307 RTE 530 APT 137 WHITING NJ 08751  
 DRIVER #2: **[REDACTED]**

DRIVERS LICENSE NUMBER: **V25583226553234** DOB: **03/11/23** SEX: **F**  
**GO1332800052402** DOB: **02/23/40** SEX: **F**

OWNER #1: **JOES PRECISION** 48700  
 OWNER #2: **HALL'S GULF** 48700  
 CITY: **BUICK** STATE: **GA** ZIP: **30103** CITY: **VIAMONDA** STATE: **VA** ZIP: **22182**

VEHICLE REMOVED TO: **JOES PRECISION** AUTHORITY: **2 DRIVER**  
**HALL'S GULF** AUTHORITY: **3 POLICE**

ALCOHOL DATA: **NO TEST GIVEN**  
 HAZARDOUS MATERIAL: **NO**

ACCIDENT DIAGRAM: **SEE DIAGRAM VEH #1 MOVED PRIOR TO ARRIVAL**

VEH. 1: **12** VEH. 2: **12**

ACCIDENT DESCRIPTION: **DRIVER #1 STATED "I WAS STOPPED AT THE RED LIGHT WITH ONE CAR IN FRONT OF ME. THE LIGHT TURNED GREEN, I WENT AND ALL OF A SUDDEN I SAW THE CAR COMING REALLY FAST AND SHE HIT ME. DRIVER #2 STATED "I WAS COMING ALONG, THE LIGHT MUST HAVE CHANGED AND I JUST HIT THE CAR. I HIT HER!"**

CHARGE: **239.4-97** SUMMONS NUMBER: **DO09996**

SIGNATURE: **Vincent J. Manco** BADGE NUMBER: **353** REVIEWED BY: **JM** STATUS: **COMPLETE**

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
A	1	4	1	76	F	09	8	09	04	6502	DRIVER #1																																																																								
B	2	1	1	59	F			09	04		DRIVER #2																																																																								
C																																																																																			
D																																																																																			
E																																																																																			

STATE OF NEW JERSEY

MOTOR VEHICLE ACCIDENT DESCRIPTION

Police Agency MANCHESTER TWP.

Station PATROL

Case No. 2000-121

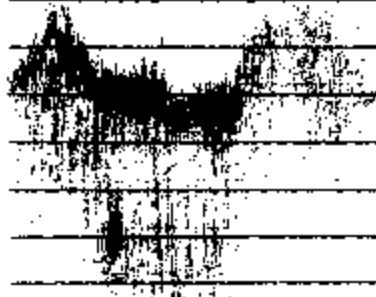
103 Accident Description  
(Refer to vehicle by number)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 08-14-2010 BY 60322 UCBAW/STW	17	18	19	20	21	22	23	24	25	26	27	NAME-ADDRESSES OF OCCUPANTS IF DECEASED ALSO INCLUDE DATE & TIME OF DEATH
	A											
B												
C												
D												
E												

OFFICER CONCLUSION: VEH #1 WAS STOPPED ON RTE 530 WESTBOUND AT TRAFFIC LIGHT AT SCHOOLHOUSE ROAD. THE LIGHT TURNED GREEN VEH #1 WENT TO PROCEED WB. WHEN VEH #2, TRAVELING SOUTHBOUND ON SCHOOLHOUSE ROAD ENTERED INTERSECTION WITH RTE 530 AND COLLIDED WITH VEH #1.

DAMAGE VEH #1 - DENTED FRONT RIGHT QUARTER PANEL

DAMAGE VEH #2 - MAJOR FRONTAL DAMAGE



Vincent J. Maner

353

Officer's Signature

Badge Number

STATE OF NEW JERSEY  
MOTOR VEHICLE ACCIDENT DIAGRAM

Police Agency MANCHESTER TWP

Station PATROL

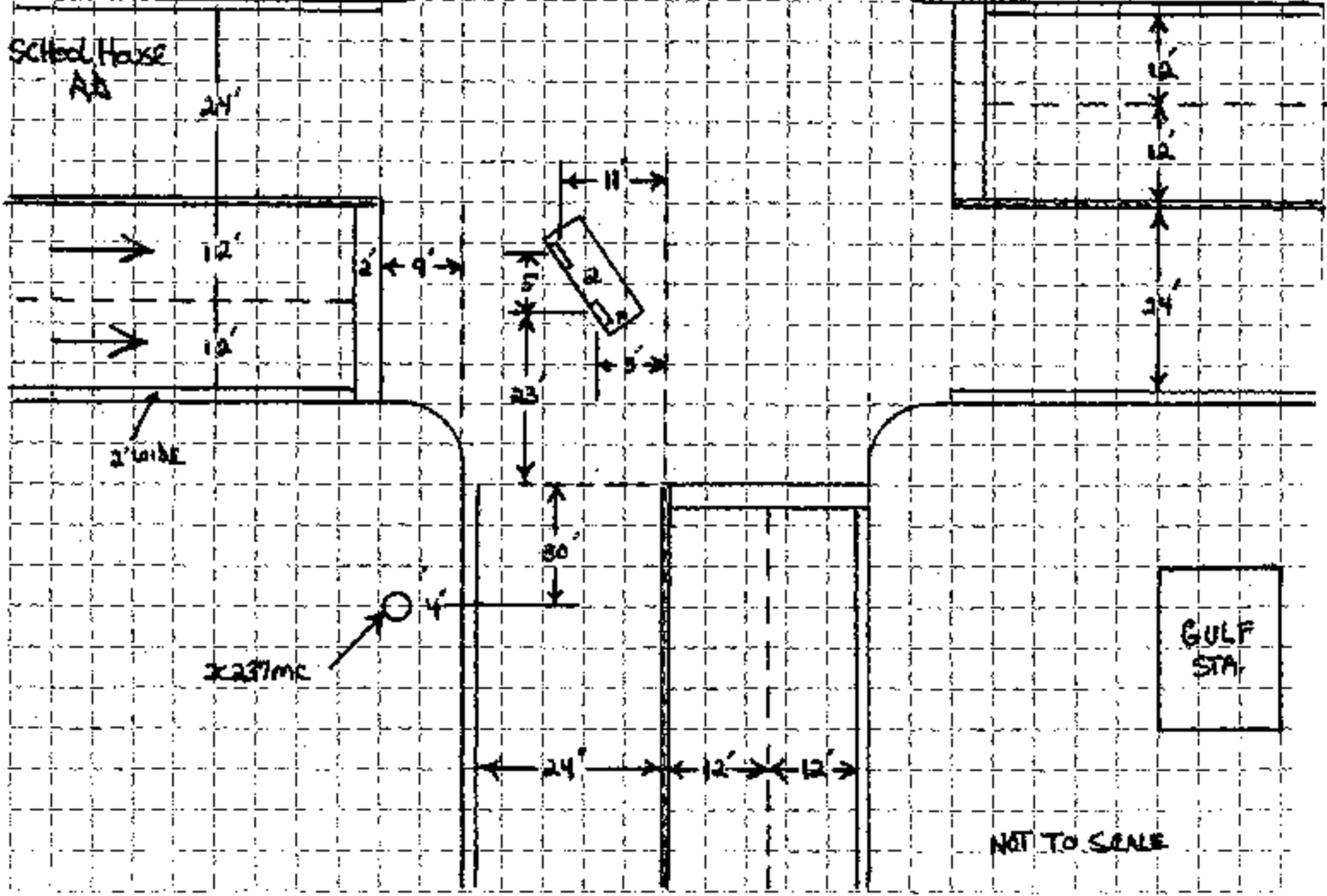
Case No. 2000-121

80 Show NORTH  
by arrow



↑  
EB  
|  
Rt. 530

NOTE - VEH #1 moved place to  
FOR ARRIVAL



NOT TO SCALE

Handwritten scribbles at the bottom of the page.