Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National 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	255
Date Received: 14-AUG-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
Reference No. 867675	

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FORD TRUCK	EXPLORER	1992	

Purchase Date
☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02700000	TIRES	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	☐ Yes ☐ No	☐ Yes ☐ 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	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE FIRESTONE ATX TIRE WAS ON THIS EXPLORER, AND WHILE DRIVING AT 50 TO 60 MPH THE FRONT LEFT TIRE BLEWOUT. THEIR WAS NO MAJOR DAMAGE, IT CAUSED A SIDE SWIPE OF ANOTHER VEHICLE. THE MANUFACTURER OR FORD HAS NOT BEEN CONTACTED.

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National 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

RECEIVED
00 SEP -5 PM 2:04
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 255

Date Received: 14-AUG-2000

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 867675

OWNER INFORMATION (Type or Print)

[redacted]

626445

Work Number: [redacted]
Home Number

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 or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 9/1/00

VEHICLE INFORMATION

Vehicle Identification No. (VIN) (located on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMDU34X8NUCT4317	FORD TRUCK	EXPLORER	1992	145,294.5

Purchase Date: 4/13/92 ☒ New ☒ Used

Dealer's Name: PARK INN FORD, INC
City: VALLEY STREAM State: NY Zip Code: 11580

Engine Size (CID/CC/L): 4.0 LITER No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes (REAR ONLY) ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☒ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☒ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02740000	TIRES:TREAD	☐ Left Front ☐ Right Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
ONE	05-10-96 / 220328 / 50 MPH	☐ Yes ☒ No	☐ Yes ☒ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incidents(s). Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☒ No	☐ Yes ☒ No	NONE	NONE	$3069.31	☒ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE FIRESTONE ATX TIRES WERE ON THIS EXPLORER. WHILE DRIVING AT 50 ~~TO 80~~ MPH FRONT LEFT TIRE BLEWOUT. THERE WAS NO MAJOR DAMAGE, IT CAUSED A SIDE SWIPE OF ANOTHER VEHICLE. TIRE MANUFACTURER OR FORD HAVE NOT BEEN CONTACTED. *AK

SUBSEQUENT TO NHTSA, "800" TEL NUM'S FOR FIRESTONE AND FORD WERE USED TO SECURE RECALL INFORMATION

COPY OF POLICE ACCIDENT REPORT ATTACHED.

COPY OF BODY SHOP RECEIPT ATTACHED

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*	MANUFACTURER/TIRE NAME	SIZE
D O T V N H L 1 M C 1 1 2	FIRESTONE RADIAL ATX	P235/75R15

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

THE TIRE THAT FAILED WAS DESTROYED DUE TO ACCIDENT DAMAGE SUBSEQUENT TO THE BLOWOUT. THE REMAINS WERE DISPOSED OF AFTER THE INSURANCE CLAIM WAS SETTLED.

THE DOT INFO SHOWN ABOVE IS FROM THE LEFT-REAR TIRE THAT WAS ON THE VEHICLE AT THE TIME OF THE ACCIDENT.

☆ U.S. G.P.O.: 1992 - [illegible]

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

Page 1 of 1 Pages

Precinct 113

Accident No. [redacted]

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (1/95)

DMV USE

Accident Date (Month / Day / Year)	Day of Week	Time (Military)	No. of Vehicles	No. Injured	No. Killed	Non-Highway	Not Investigated at Scene	Left Scene	Police Photos
5 / 10 / 96	FRI	17 00	2	10	0	☐	☐	☐	☐ Yes ☒ No

VEHICLE 1

[redacted]

DMV USE

Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property Damaged	State of Lic.
9 / 18 / 50	M	☐	1	☐	NY

Name—exactly as printed on registration: SAA

Date of Birth: Month 1 Day 1 Year

Address (Include Number & Street): Apt. No.

Haz. Mat. ☐ Code Released

City or Town: State: Zip Code:

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
VF333	NY	1992 FORD	4DASD	182

Check if involved vehicle:
☐ is a commercial motor vehicle
☐ is more than 95 inches wide;
☐ is more than 34 feet long;
☐ was operated with an overweight permit;
☐ was operated with an overdimension permit.

VEHICLE 1 DAMAGE

☐ No Damage ☐ Undercarriage

By

Vehicle Towed To NO TOW

VEHICLE 2 ☒ BICYCLIST ☐ PEDESTRIAN

DMV USE

Name—exactly as printed on license: YAO, JAMES, J

Address (Include Number & Street): 2803 GRAVESND NECK RD Apt. No.

City or Town: BROOKLY State: NY Zip Code: 11224

Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property Damaged	State of Lic.
10 / 10 / 72	M	☐	2	☐	NY

Name—exactly as printed on registration: YAO, LI

Date of Birth: Month 1 Day 1 Year

Address (Include Number & Street): 60 1ST AVE APT 12C Apt. No.

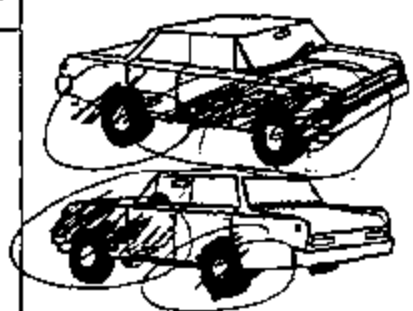
Haz. Mat. ☐ Code Released

City or Town: NEW YORK State: NY Zip Code: 10009

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
J185VT	NY	1988 LINCO	4DR	410

Check if involved vehicle:
☐ is a commercial motor vehicle;
☐ is more than 95 inches wide;
☒ is more than 34 feet long;
☐ was operated with an overweight permit;
☐ was operated with an overdimension permit.

VEHICLE 2 DAMAGE



☐ No Damage ☐ Undercarriage

By

Vehicle Towed To NO TOW

ACCIDENT DIAGRAM

Rear End	Left Turn	Right Angle	Right Turn	Head On
	3.		5.	7.
Overtaking	Left Turn		Right Turn	Sideswipe
2.	C.	4	6.	8.

#2

9.

Location Code

County ☐ Bronx ☐ Kings ☐ New York ☒ Queens ☐ Richmond

Route No. or Street Name: 00 EAST bound BELT PKWY

100 ☐ Miles ☐ Feet ☐ N ☐ S ☒ W of 150 ST OVERPASS ☐ At Intersection With

Ticket/Arrest ☐ Opr 1 ☐ Opr 2 ☐ Pedestrian ☐ Bicyclist ☐ Other

Ticket/Arrest Number(s) Complaint No.

Violation Section(s)

Accident Description/Officer's Notes: AT T/P/O Vehicle #1 was traveling E/B on the Belt Pkwy when vehicle #1 left front face blew out causing Vehicle #1 to side swipe vehicle #2 traveling E/B on the Belt Pkwy, No Injuries

K

	8	9	10	11	12	13	14	15	16	17	18	Names - If Deceased, Give Date of Death
A	1	1	2	1	45	M	—	13	0	—	—	
B	1	1	2	1	24	M	—	13	6	—	—	
C	/	3	2	1	27	M	—	13	6	—	—	HU ZIYONG
D												
E												
F												
G												

ALL INVOLVED

SIGN HERE	Officer's Rank and Name	Badge No.	Department	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
	[redacted]	3787	NYPD	113		[redacted]	5/13/96

S KILLED OR INJURED IN ACCIDENT* (Letter designa... Persons killed or injured must correspond with letter designation on front).

...ame First M.I.	E. Last Name First M.I.
...ress	Address
B. Last Name First M.I.	F. Last Name First M.I.
A...	Address
C... M.I.	G. Last Name First M.I.
Address	Address
D. Last Name First M.I.	Highway Dist. at Scene? ☐ Yes ☐ No Name:
Address	Shield No.

*ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD (Injured cases ONLY)

Vehicle No. 1 Vehicle No. 2

WITNESSES (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

- ☐ Dept. of Motor Vehicles (Person Killed/Injured)
- ☐ (Motor Transport Division (P.D. Vehicle Involved)
- ☐ NYC Taxi & Limousine Comm. (Licensed Taxi or Limousine Involved)
- ☐ Other City Agency (Specify)
- ☐ Office of Comptroller (City Involved)
- ☐ Personnel Safety Unit (P.D. Vehicle Involved)
- ☐ NYS Thruway Authority

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list who at Missing Person Squad was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OR PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle–Operator's First Name	Last Name	Rank	Shield No.	Tax Reg. No.	Command

Make of Vehicle	Year	Type of Vehicle	Reg. No. (If Any)	Dept. No.	Assigned To What Command

Equipment in Use At Time of Accident

☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ Hi-Level Warning Lights ☐ Traffic Cones ☐ Headlights

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal _____
- ☐ Pursuing Violator
- ☐ Other (Describe) _____
- ☐ Complying with Station House Directive
- ☐ Routine Patrol

Page of Pages

estimate

ID. #R1302136

TWO GUYS

150 E. MERRICK RD
VALLEY STREAM, N.Y. 11580
(516) 561-0203 FAX 561-3110
COMPLETE AUTO BODY REPAIRS

Car #4944

791-5266

NAME [redacted]

[redacted] m [redacted]

DATE 6/7/96

YEAR	COLOR	MAKE	MODEL	
1992	green	Ford	Explorer 4 dr.	
REGISTRATION NO.		SERIAL NO.	ODOMETER	ESTIMATE PREPARED BY
VF333		1FMDU34X8NUC74377		
INSURANCE CO.			ADJUSTOR	

REPLACE	REPAIR	DESCRIPTION	PARTS	LABOR	REFINISH	SUBLET
		Repair as per insurance estimate $1447.99				
		Supplement 1771.32				
		Total $3219.31				
		less 150.00				
		Total $3069.31				
		6/?/96 mailed. $3069.31				
		TOTALS				

The above is an estimate based on our inspection and does not cover any additional parts or labor which may be required after the work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.

AUTHORIZATION FOR REPAIR. You are hereby authorized to make th[redacted]

SIGNED [redacted]

DATE: May 29, 1996

TOTAL PARTS .... $ ______
TOTAL LABOR .... $ ______
TOTAL REFINISH .... $ ______
TOTAL SUBLET .... $ ______
SUB TOTAL .... $ ______
TAX .... $ ______
TOTAL .... $ ______