


 US 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

Date Received

19-FEB-03

Od_or _____

n_dt _____

od_rt _____

up_ltr _____

Reference No.

10008679

OWNER INFORMATION (Type or Print)

| | | |
|---------------------|-------------|----------|
| Name | | |
| Street | Apt. No. | |
| City Wrightstown | State PA | Zip Code |

Daytime Telephone Number

 Do you authorize NHTSA to provide a copy of this 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

Date 01/24/03

PRODUCT INFORMATION

| | | | | |
|---|---|---|--|---|
| Vehicle Identification No. (VIN.) (17 Digits) 1 F A L P 5 8 S 8 T G | | Make Ford | Model Taurus LX | Year 1996 |
| Purchased Date 12/31/96 | Dealer's Name Dunlap Ford | Engine Size (CID/CC/L) 3.0L | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection | |
| <input type="checkbox"/> New <input type="checkbox"/> Used | Dealer's City Bellefonte | State PA | Zip Code 16823 | No. Cylinders 6 <input type="checkbox"/> Fuel Injection |
| Manufacture Date (on driver's door or pillar) 02/96 | Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbell <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---|--|--|---|
| Part Name(s) Transmission: illusory park | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|--|---|

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

| | | |
|-----------------|--|---|
| Tire Brand | Tire Name | Complete Tire Size |
| No. of Failures | Date(s) of Failure(s) Mileage at Failure(s) 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 |

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

| | | | | |
|--|---|--------------------------------|---------------------------|---|
| Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 1 | Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|---|

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

On May 6, 2002, [redacted] age 50, was found fatally crushed beneath the front, driver's side rocker panel and tire of her 1996 Ford Taurus LX station wagon (odometer 91,879 miles). The vehicle had rolled backwards despite the fact that the transmission indicator was found in the "Park" position. Investigation by the Buckingham Township Police Department concluded that [redacted] drove home from the grocery store, parked the Taurus in the paved driveway on an uphill incline, removed groceries from the car and opened the rear lift gate to let her dog out (grocery

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

bags were found in the driveway and the rear lift gate was open when [redacted] was found beneath the vehicle). The vehicle rolled backward in a semi-circular arc to its position of rest against a stone retaining wall, as evidenced by a rub mark on the asphalt surface left by [redacted] rubber-soled sneaker.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

26-1222
4-70-280
1-93

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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