DOT Auto Safety Hotline

U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

2003 MAR 17 AM 8:31

FOR AGENCY USE ONLY 1374

Date Received	Repository ☐
20-FEB-2003	Reference No. 10008933

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City MCMURRAY	State PA	Zip Code [redacted]	

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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number (engraved at bottom of windshield on driver's side)	Make	Model	Model Year
[redacted]	FORD	EXCURSION	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
11	Chrapp Ford South - 724-941-5040			10	Gasoline
Original Owner ☐	Dealer's City: McMurray	State: PA	Zip Code: 15317		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☒ Antilock Brakes ☒ Cruise Control	4X4	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
2/14/03	25,275	0-15	IDLE AIR CONTROL

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	0	0	N

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).

WHEN THE BRAKE WAS APPLIED, THE VEHICLE SURGED FOWARD, AND CAUSED AN ACCIDENT.*JB

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

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

Vehicle was approaching end of parking lot leading to road - driver had foot on brake when engine revved and vehicle surged forward into oncoming traffic. Vehicle was struck on driver frnt - pushing it and causing it to finally come to a stop.

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

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 NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

U.S. Department of Transportation
National Highway Traffic Safety Administration

COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

(25) REFER TO OVERLAY SHEETS | REPORTABLE ☐ NON-REPORTABLE ☒ | PENNDOT USE ONLY

1. INCIDENT NUMBER: 02-0295-2003	20. COUNTY: WASHINGTON CODE: 62
2. AGENCY NAME: Chartiers Township Police Dept.	21. MUNICIPALITY: Chartiers Township CODE: 207
3. STATION/PRECINCT: 207/62	4. PATROL BEAT: #2
5. INVESTIGATOR: Sgt. Charles Harton	BADGE NUMBER: #1
6. APPROVED BY	BADGE NUMBER
7. INVESTIGATION DATE: 02/14/2003	8. ARRIVAL TIME: 17:31
PRINCIPAL ROADWAY INFORMATION	
22. ROUTE NO. OR STREET NAME: Johnson Rd SR-1039	
23. SPEED LIMIT: 25	(24) TYPE HIGHWAY: 0 (25) ACCESS CONTROL: 1
INTERSECTING ROAD:	
26. ROUTE NO. OR STREET NAME	
27. SPEED LIMIT	(28) TYPE HIGHWAY (29) ACCESS CONTROL
9. ACCIDENT DATE: 02/14/2003	10. DAY OF WEEK: Friday
IF NOT AT INTERSECTION:	
11. TIME OF DAY: 17:26	12. NUMBER OF UNITS: 2
30. CROSS STREET OR NEAREST NUMBER: SR-1009 Pike Street	
13. # KILLED: 0	14. # INJURED: 0
31. DIRECTION FROM SITE: (N) S E W	32. DISTANCE FROM SITE: FT. 1/2 MI.
33. DISTANCE WAS: REACHED ☐ ESTIMATED ☒	
15. HIT/SKIP: Y ☐ N ☒	16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE? UNIT 1: Y ☐ N ☒ UNIT 2: Y ☐ N ☒
17. VEHICLE DAMAGE 0-NONE 1-LIGHT 2-MODERATE 3-SEVERE: UNIT 1: 1 UNIT 2: 1	
34. CONSTRUCTION ZONE: 0	(35) TRAFFIC CONTROL DEVICE: PRINCIPAL: 0 INTERSECTING: 0
18. HAZARDOUS MATERIALS: Y ☐ N ☒	19. PENNDOT PROPERTY: Y ☐ N ☒

36. LEGALLY Y N PARKED? ☐ ☐	37. REG. PLATE: [redacted] 38. STATE: Pa
39. PA TITLE OR OUT-OF-STATE VIN: 58161757602	
40. OWNER: [redacted]	
41. OWNER ADDRESS: [redacted]	
42. CITY, STATE & ZIPCODE: McMurray Pa [redacted]	
43. YEAR: 2002	44. MAKE: Ford
45. MODEL (NOT BODY TYPE): Excursion	46. TOW Y ☒ N ☐ UNK ☐
47. BODY TYPE: 06	48. SPECIAL USAGE: 0 49. VEHICLE OWNERSHIP: 2
50. INITIAL IMPACT POINT: 01	51. VEHICLE STATUS: 0 52. TRAVEL SPEED: 99
53. VEHICLE GRADIENT: 1	54. DRIVER RESIDENCE: 1 55. DRIVER CONDITION: 1
56. DRIVER NUMBER: 18141712	57. STATE: Pa
58. DRIVER NAME: [redacted]	
59. DRIVER ADDRESS: [redacted]	
60. CITY, STATE & ZIPCODE: McMurray Pa [redacted]	
61. SEX: M	62. DATE OF BIRTH: [redacted] 63. PHONE
64. COMM. VEH. Y ☐ N ☒	65. DRIVER CLASS: CM
67. CARRIER	
68. CARRIER ADDRESS	
69. CITY, STATE & ZIPCODE	
70. USDOT #	ICC # PUC #
72. VEH. CONFIG.	73. CARGO BODY TYPE 74. GVWR
75. NO. OF AXLES	76. HAZARDOUS MATERIALS 77. RELEASE OF HAZ MAT Y ☐ N ☐ UNK ☐

36. LEGALLY Y N PARKED? ☐ ☐	37. REG. PLATE: [redacted] 38. STATE: Pa
39. PA TITLE OR OUT-OF-STATE VIN: 57746929201	
40. OWNER: [redacted]	
41. OWNER ADDRESS: [redacted]	
42. CITY, STATE & ZIPCODE: Houston Pa [redacted]	
43. YEAR: 2002	44. MAKE: Toyota
45. MODEL (NOT BODY TYPE): Tacoma	46. TOW Y ☒ N ☐ UNK ☐
47. BODY TYPE: 50	48. SPECIAL USAGE: 0 49. VEHICLE OWNERSHIP: 1
50. INITIAL IMPACT POINT: 12	51. VEHICLE STATUS: 0 52. TRAVEL SPEED: 99
53. VEHICLE GRADIENT: 3	54. DRIVER RESIDENCE: 1 55. DRIVER CONDITION: 1
56. DRIVER NUMBER: [redacted]	57. STATE: Pa
58. DRIVER NAME: [redacted]	
59. DRIVER ADDRESS: [redacted]	
60. CITY, STATE & ZIPCODE: Houston Pa [redacted]	
61. SEX: M	62. DATE OF BIRTH: [redacted] 63. PHONE
64. COMM. VEH. Y ☐ N ☐	65. DRIVER CLASS: C
67. CARRIER	
68. CARRIER ADDRESS	
69. CITY, STATE & ZIPCODE	
70. USDOT #	ICC # PUC #
72. VEH. CONFIG.	73. CARGO BODY TYPE 74. GVWR
75. NO. OF AXLES	76. HAZARDOUS MATERIALS 77. RELEASE OF HAZ MAT Y ☐ N ☐ UNK ☐

78. RESPONDING EMS AGENCY: N/A

79. MEDICAL FACILITY: N/A

INCIDENT #: 02-0295-2003

ACCIDENT DATE: 02/14/2003

80. PERSON INFORMATION

A	B	C	D	E	F	G	NAME	ADDRESS	H	I	J	K	L	M
1	1	M	44	3	1	2	Operator Unit#1		0	0	0	B	0	0
2	1	M	37	3	1	2	Operator Unit#2		0	0	0	B	0	0

91. ILLUMINATION: 2

92. WEATHER: 0

93. ROAD SURFACE: 1

94. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)

95. DESCRIPTION OF DAMAGED PROPERTY

OWNER

ADDRESS

PHONE

96. DIAGRAM

0

97. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCES OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS, LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.

INSURANCE INFORMATION	COMPANY	INSURANCE INFORMATION	COMPANY
UNIT 1	State Farm Ins Co.	UNIT 2	Allstate Ins Co
	POLICY NO 509716-E18-38		POLICY NO 0288792211

98. WITNESSES

	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE

	99. VIOLATIONS INDICATED	50. SECTION NUMBERS (ONLY IF CHARGED)	TC	ATC
UNIT 1:				
UNIT 2:				

	91. PROBABLE USE	92. TYPE TEST	93. RESULTS		91. PROBABLE USE	92. TYPE TEST	93. RESULTS		94. INVESTIGATION COMPLETE?
UNIT 1			0. %	NO TEST REFUSE	UNIT 2			NO TEST	

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).