



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 108148

Date Received: 27-MAY-2003
Repository:
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: OLNEY State: MD Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 6/21/03
 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located on the front windshield on driver's side): 1FAPPS2UBWA107910
Make: FORD Model: TAURUS Model Year: 1998
Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted] Engine: [Redacted] Fuel Type: [Redacted]
Original Owner: Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted] No. of Cylinders: [Redacted]
Transmission Type: [Redacted] Antilock Brakes Cruise Control Powertrain: [Redacted] Vehicle Component Code: 181000 VEHICLE SPEED CONTROL-ACCELERATOR PEDAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 27-MAY-2003 Failure Mileage: 90000 Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] The Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM1A9ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: 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 REMOVING FOOT FROM THE GAS PEDAL THE VEHICLE ACCELERATES MORE. DEALER NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION. *AK
CAR HAS NO ENGINE BRAKING. WHILE DRIVING, CAR FEELS LIKE IT RUNS FASTER CAUSING MORE BRAKING. ESPECIALLY WORST WHEN GOING DOWNHILL CAUSING TO BREAK MORE THAN NECESSARY. CAR FEELS LIKE IT "RUNS" AWAY FROM DRIVER. UNSAFE FOR OUR 16yr old NOVICE DRIVER.

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