



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  
(1-888-327-4286)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY - 335

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**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: CALDWELL State: OH Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address:  
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 a signature, please print name or address to the vehicle manufacturer.  Yes  NO  
Signature of Owner: [Redacted] Date: 7/2/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): 2MEFM74W41K637982  
Make: BEAVER Model: MARQUIS Model Year: 2001  
Date Purchased: 7/26/01 Dealer's Name and Telephone Number: Family Ford Marietta, Ohio  
Original Owner: [Redacted] Dealer's City: Marietta, Ohio State: OH Zip Code: 45754 Engine: 8 Fuel Type: Gas Unleaded  
Transmission Type: auto Antilock Brakes:  Powertrain: [Redacted] Vehicle Component Code: 161000 VEHICLE SPEED CONTROL/ACCELERATOR PEDAL  
 Cruise Control Multiple Failure: 1

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

Incident Date(s): [Redacted] Failure Mileage: 11000 Failure Speed: [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOT14AL3ABC136): [Redacted]  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: Y

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)).

CONSUMER STATES AFTER SLIGHTLY TOUCHING ACCELERATOR PEDAL THE PEDAL WENT FULL THROTTLE TO THE FLOOR, RESULTING IN DRIVER BACKING INTO A BUILDING. NONE OF THE AIRBAGS DEPLOYED. \*AK  
*Seat Belts Failed.  
We Believe this car is unsafe & should be taken off the road, before someone is killed.*

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

The Privacy Act of 1974 (Public Law 93-502) 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 a program to correct a safety defect. If the NHTSA proceeds with corrective action or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.