



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 335

Date Received  
2003 AUG 18 AM 7:55  
23-JUL-2003  
Repository   
Reference No.  
10029942

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City DELBARTON State WV 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?  YES  NO  
In the absence of an authorized agent, NHTSA will NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 8/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1LNLM82W25[REDACTED]  
Make LINCOLN Model TOWN CAR Model Year 1995  
Date Purchased June 23-03 456D Dealer's Name and Telephone Number [REDACTED] Engine: No. Cylinders [REDACTED] Fuel Type: [REDACTED]  
Original Owner  Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
Transmission Type AUTOMATIC  Antilock Brakes Powertrain [REDACTED] Vehicle Component Code 181000 VEHICLE SPEED CONTROL-ACCELERATOR PEDAL  
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) [REDACTED] Failure Mileage 157000 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: DOTMA15ABC036)  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 1 Number of Deaths 0 Reported to Police Yes Police Report enclosed

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 WHILE ACCELERATING ACCELERATED PEDAL WENT TO THE FLOOR AND BECAME STUCK. CONSUMER WAS NOT ABLE TO PULL PEDAL FROM THE FLOOR. AS A RESULT, CONSUMER LOST CONTROL, HIT A FENCE, AND VEHICLE WENT AIR BORNE INTO A LAKE. \*AK the PEDAL stuck causing me to loose control of this vehicle tearing out fence posts, Airborne, hitting A tree + then ended up in A creek completely totalling this vehicle. I could not stop the vehicle.

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 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.

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

I feel that FORD Motor Co needs to try to FIND out what happened to this Vehicle AND I CALLED them twice AND advised them that my ins Co The Hartford Co. was willing to let them have the vehicle so they could check it AND they took A Report AND Promised to call me back but they never did. I would like to know if this has happened before + what was done about it. I just do not want Anyone else to experience what I went through in this ACCIDENT even tho I was not seriously INJURED.

My claim no thru the Hartford Co is [redacted] I authorize you to check anything or do anything to make sure this is taken care of. Respectfully [redacted] 8-1-03

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

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

Private Use \$300



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  
1-888-927-4236

DOT Auto Safety Hotline (DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety Administration  
http://www.dhs.gov/nhtsa

OFFENSE/INCIDENT REPORT

PAGE NO. OF PAGE

NO.

NO. 2003-237  
DATE OF REPORT 07/23/03

Auto Crash  
CLASSIFICATION



1 COMPLAINANT OR FIRM		AGE RACE SEX W F		2 PHONE (BUSINESS)	
3 COMPLAINANT'S ADDRESS		4 CITY DeHorton W.V.		5 PHONE (RESIDENCE)	
6 COMPLAINANT'S BUSINESS OR SCHOOL		ADDRESS		JOB TITLE (GRADE)	
7 WILL COMPLAINANT PROSECUTE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

7 OFFENSE/INCIDENT (AS REPORTED) Auto Crash		8 LOCATION ADDRESS		9 TYPE PREMISES Roadway	
10 DAY DATE & TIME OF OFFENSE 07/16/03		11 REPORTED BY Complainant		12 REPORTED TO	
14 BODILY INJURIES YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		15 TRANSPORTED BY William Mem. Stafford Edles		16 DESC. INJURIES	
18 M/V HOW DONE		FORCE USED		WITH WHAT TOOL OR WEAPON	
17 CONDITION In Person					

19 VEHICLE INVOLVED? OWNER NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		20 YEAR COLOR MAKE MODEL BODY STYLE LIC. NO. YEAR STATE VIN NO.			
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21 PROPERTY SECTION	D-CODES		S-STOLEN PROPERTY	D-DAMAGED PROPERTY	U-LOST PROPERTY	F-ACQUED PROPERTY	SERIAL NO.	WHERE PURCHASED	VALUE
	CODE	QTY	DESCRIPTION (SIZE COLOR MODEL, STYLE MATERIAL, CONDITION)						
	D	1	1998 blue 4D	White			11N142RAB59		\$5000.00

22 DISPOSITION OF PROPERTY								23 TOTAL VALUE \$5000.00	
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24 WITNESSES NAME		BEST CONTACT ADDRESS		AGE	BEST PHONE		OTHER PHONE	
1. None								
2. None								

25 NAME AND ADDRESS OF SUSPECT(S) (AGE, RACE, DESCRIPTION, RELATION TO COMPLAINANT OR WITNESS)									
1. None									
2.									

26 DETAILS NOT COVERED ABOVE

Complainant was involved in an auto crash, complainant stated she was coming down the alley and the accelerator got stuck and was unable to get the vehicle stopped and then went in to the creek and came to rest.

27 INVESTIGATING OFFICER(S) <u>TC Blosser</u>				28 REPORT MADE BY <u>TC Blosser</u>				DATE <u>07/23/03</u>	
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29 CASE FILED YES <input type="checkbox"/> NO <input type="checkbox"/>		30 THIS CASE IS Closed by arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Inactive <input type="checkbox"/> Other <input type="checkbox"/>			31 APPROVED BY		BADGE NO.	
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