



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100079

Date Received: 2004 JAN - 27-AUG-2003  
Repository:   
Reference No.: 10037733

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: SUMNERFIELD State: FL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:  
Evening 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: 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2FAFP73W52X106291  
Make: FORD Model: CROWN VICTORIA Model Year: 2002  
Date Purchased: OCT-02 Dealer's Name and Telephone Number: FORD OF OCALA (352) 732-4800 Engine: No. Cylinders: 8 Fuel Type: REG  
Original Owner:  Dealer's City: OCALA State: FLA Zip Code: 34475  
Transmission Type: AUTO  Antilock Brakes  Cruise Control Powertrain: \_\_\_\_\_  
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL  
Multiple Failures: 1

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

Incident Date(s): 01/11/03 Failure Mileage: 25,000 Failure Speed: PARKING STOPPED  
POSSIBLE ACCELERATOR (COMPULSOR) FOOT ON BRAKE AT TIME

**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: DOTM1SABC036)  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(es).)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_ 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).

WHILE PARKING VEHICLE EXPERIENCED SUDDEN ACCELERATION WHEN SHIFTING FROM DRIVE. AS A RESULT THE CONSUMER'S VEHICLE COLLIDED WITH TWO OTHER VEHICLES WHICH DAMAGED FRONT END. \*AK

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.

# FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLE  
TRAFFIC CRASH RECORDS, 8888 KENNEDY BLVD  
DALLAPORTE, FLORIDA 32828-8000

DO NOT WRITE IN THIS SPACE

Time & Location	DATE/TIME 08/11/2003 303	TIME OFFICER 304	TIME OFFICER ARRIVED 307	INVEST. AGENCY REPORT NO. 2003080211	YEAR CRASH REPORT NUMBER 70759195
	COUNTY / CITY CODE 14/30	FEET or MILE(S)	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CITY OR TOWN BELLEVUE	COUNTY MARION
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED

DRIVER ACTION 1. Phantom 2. HS & Run 3. N/A	YEAR 2002	MAKE FORD	TYPE 01	USE 01	VEH. LICENSE NO.	STATE FL	VEHICLE IDENTIFICATION NUMBER 2FAF73W52XL06291	<input type="checkbox"/> 18 Underage <input type="checkbox"/> 19 Operator <input type="checkbox"/> 20 Hospitalized <input type="checkbox"/> 21 Tractor <input type="checkbox"/> 22 Other
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VEHICLE TRAVELING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DRIVE AT PARKING LOT	EST. MPH	EST. VEHICLE DAMAGE \$3000	1. Disability 2. Partially 3. No Damage	EST. TRAILER DAMAGE
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) FLORIDA FARM BUREAU	POLICY NUMBER	VEHICLE RECOVERED BY: CLIFFORD'S 66	1. Tow Station List 2. Tow Owner's Request 3. Driver 4. Other
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NAME OF VEHICLE OWNER (Check Box if Same As Driver)	FIRST	MIDDLE	CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP
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NAME OF OWNER (Trailer or Towed Vehicle)	FIRST	MIDDLE	CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP
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NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP	USDOT or EOC IDENTIFICATION NUMBER
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NAME OF DRIVER (Take From Driver License) / Pedestrian	CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP	DATE OF BIRTH
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DRIVER LICENSE NUMBER	STATE FL	DL TYPE 5	REG. END. 3	BAC TEST TYPE None	RESULTS	ALCOHOL 1	PHYS. DEF. 1	RIB. 1	RACE 1	SEX 2	HT. 1	S. EQUIP. 2	EJECT. 2
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HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES, INDICATE NAME OR 4 DGT NUMBER FROM EMERG. OR HAZ. OR PLACARD, AND 4 DGT NUMBER FROM BOTTOM OF EMERG.	HAZARDOUS MATERIAL SPILLED 1 Yes 2 No	RECOMMEND DRIVER RE-EXAM. 1 Yes 2 No	DRIVER'S PHONE NO.
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DRIVER ACTION 1. Phantom 2. HS & Run 3. N/A	YEAR 2002	MAKE JEEP	TYPE 01	USE 01	VEH. LICENSE NO.	STATE FL	VEHICLE IDENTIFICATION NUMBER 1J4GR49K12W119515	<input type="checkbox"/> 18 Underage <input type="checkbox"/> 19 Operator <input type="checkbox"/> 20 Hospitalized <input type="checkbox"/> 21 Tractor <input type="checkbox"/> 22 Other
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VEHICLE TRAVELING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DRIVE AT PARKING LOT	EST. MPH	EST. VEHICLE DAMAGE \$1500	1. Disability 2. Partially 3. No Damage	EST. TRAILER DAMAGE
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) STATE FARM	POLICY NUMBER	VEHICLE RECOVERED BY: CLIFFORD'S 66	1. Tow Station List 2. Tow Owner's Request 3. Driver 4. Other
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NAME OF VEHICLE OWNER (Check Box if Same As Driver)	FIRST	MIDDLE	CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP
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NAME OF OWNER (Trailer or Towed Vehicle)	FIRST	MIDDLE	CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP
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NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP	USDOT or EOC IDENTIFICATION NUMBER
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NAME OF DRIVER (Take From Driver License) / Pedestrian	CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP	DATE OF BIRTH
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DRIVER LICENSE NUMBER	STATE FL	DL TYPE 5	REG. END. 3	BAC TEST TYPE	RESULTS	ALCOHOL 1	PHYS. DEF. 1	RIB. 1	RACE 1	SEX 2	HT. 1	S. EQUIP. 2	EJECT. 2
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HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED 1 Yes 2 No	IF YES, INDICATE NAME OR 4 DGT NUMBER FROM EMERG. OR HAZ. OR PLACARD, AND 4 DGT NUMBER FROM BOTTOM OF EMERG.	HAZARDOUS MATERIAL SPILLED 1 Yes 2 No	RECOMMEND DRIVER RE-EXAM. 1 Yes 2 No	DRIVER'S PHONE NO.
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VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG ABUSE	LOCATION (in vehicle)
01 Automobile 02 Passenger Van 03 Pickup (1/2-ton - 3/4-ton) 04 Medium Truck (4-wheel) 05 Heavy Truck (2-axle or more) 06 Trail Trailer (20ft) 07 Motor Home (RV) 08 Bus (10-40 seats or more) 09 Bus (40-45 seats or more) 10 School Bus 11 Motorcycle 12 Moped 13 All-Terrain Vehicle 14 Other	01 Public Transportation 02 Delivery/Service 03 Commercial/Service 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Other 13 Domestic Mail 14 Garbage or Refuse 15 Other	01 Single Axel Trailer 02 Tandem Axel Trailer 03 Semi Trailer 04 Middle Wheel Vehicle 05 Box Trailer 06 Utility Trailer 07 Bus Trailer 08 Flat Trailer 09 Travel Trailer 10 Other	1. Owns or Rents 2. Lives in Trailer 3. No Permanent Home 4. Parked 5. Unstable 6. Other	1. No Defects Found 2. Headlight(s) Defective 3. Foglight(s) Defective 4. Brake(s) Defective 5. Tire(s) Defective 6. Windshield Cracked 7. Other Physical Defect	1. Not Detected or Using Device 2. Operator - Under Influence 3. Passenger - Under Influence 4. Operator & Passenger - Under Influence 5. Both Operator & Passenger 6. Passenger Only 7. Passenger Not Detected	1. Front Left 2. Front Center 3. Front Right 4. Rear Left 5. Rear Center 6. Rear Right 7. In Front of Seat 8. In Passenger Seat 9. Other 10. Not Ejected 11. Yes



# FLORIDA TRAFFIC CRASH REPORT NARRATIVE / DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS SECTION, MEL JOHNSON BUILDING, TALLAHASSEE, FL 32306-0600

DO NOT WRITE IN THIS SPACE

FLA 001A 2

THE EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	THE EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 08/11/2003	COUNTY / CITY CODE 14 / 30	INVEST. AGENCY REPORT NUMBER 2003080211	HIGHWAY CRASH REPORT NUMBER 70759195
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(NARRATIVE)

VEHICLE 1 SECTION 1 WAS ENTERING A PARKING SPACE IN THE FRONT PARKING LOT OF BANK OF AMERICA (LOCATED AT 5222 ABSHIER BLVD. BELLEVUE, FL). VEHICLE 2 AND VEHICLE 3 WERE BOTH PROPERLY PARKED IN SEPARATE PARKING SPACES, SIDE BY SIDE, TO THE NORTH SIDE OF THE BUILDING. VEHICLE 1 FAILED TO STOP AT THE PARKING SPACE FIRE STOP AND INSTEAD ACCELERATED THE VEHICLE JUMPING THE FIRE STOP AND SIDEWALK. VEHICLE 1 CONTINUED TURNING SLIGHTLY NORTHBOUND AND CONTINUED OVER A SMALL WALL NEXT TO THE SIDEWALK ON THE NORTH SIDE OF THE BUILDING. THE VEHICLE THEN CONTINUED AND LANDED IN THE AIR STRIKING THE FRONT RIGHT SIDE OF VEHICLE 2 AND LANDING ON THE HOOD OF VEHICLE 3. VEHICLE 1 STILL CONTINUED ACCELERATING WHILE PUSHING VEHICLE 3 FROM IT'S PARKING SPACE INTO THE OPEN PARKING LOT SEVERAL FEET. VEHICLE 3 WAS IN PARK AS THE VEHICLE WAS BEING PUSHED. VEHICLES 2 AND 3 WERE UNOCCUPIED AT THE TIME OF THE CRASH. DAMAGE RESULTED TO ALL THREE VEHICLES WHICH REQUIRED ALL THREE VEHICLES TO BE TOWED FROM THE PARKING LOT AREA. THE DRIVER OF VEHICLE #1 STATED THAT A SMALL BOX CONTAINING CASSETTE TAPES SLID FROM UNDER HER SEAT AND BECAME STUCK. I OBSERVED A SMALL THIN CARDBOARD BOX CONTAINING CASSETTE TAPES STILL UNDER THE DRIVER'S SEAT. THERE WAS NO DAMAGE TO THE BOX AND I WAS UNABLE TO RECONSTRUCT A POSSIBLE OBSTRUCTION USING THE BOX AS THE DRIVER STATED. PHOTOGRAPHS OF THE SCENE WERE TAKEN BY BELLEVUE OFFICER THOMPSON.

SECT	PASSE	PASSENGER'S NAME	ADDRESS	CITY	ST.	ZIPCODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
1	1			SOMERFIELD	FL			1	1	3	1	2	1

VIOLATOR(S)	SECTION #	NAME OF VIOLATOR	FL. STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS LAST NAME	FIRST	MIDDLE	CURRENT ADDRESS	CITY	STATE	ZIP
				BELLEVUE	FL	

FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer	4. Certified 1st Aider & Other	INJURED TAKEN TO:	BY - NAME:

WAS INVESTIGATION MADE AT SCENE? 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 08/11/2003	PHOTOS TAKEN? 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/>	EYES BY WHOM? 1. INVESTIGATING AGENCY <input checked="" type="checkbox"/> 2. OTHER <input type="checkbox"/>
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INVESTIGATOR - RANK AND SIGNATURE CPL. C. PADDOCK	LD. / BADGE NO. 181	DEPARTMENT BELLEVUE POLICE	<input type="checkbox"/> FIP <input type="checkbox"/> SO <input checked="" type="checkbox"/> PD <input type="checkbox"/> OTHER
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