



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 2004 FEB 18  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received  
DEC 11 10:30  
11-DEC-2003

Repository   
Reference No.  
10050430

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City SPRINGFIELD State MA Zip Code [Redacted]

Daytime Telephone Number [Redacted]  
Evening Telephone Number  
413-518-1194

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an address to the vehicle manufacturer.  YES  NO  
Signature of Owner [Redacted] Date 11/29/03

VEHICLE INFORMATION

2FAFP74W72X145893  
Make FORD Model CROWN VICTORIA Model Year 2002

Date Purchased 09/02 Dealer's Name and Telephone Number Miscotte Ford  
Original Owner  Dealer's City Holyoke State MA Zip Code [Redacted]  
Engine: No. Cylinders 8 Fuel Type: Gas

Transmission Type Automatic  Antilock Brakes Powertrain  
 Cruise Control Vehicle Component Code  
181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL  
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-DEC-2003 Failure Mileage 22000 Failure Speed 25 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/85R15)  
DOT No. (Example: DOTM198C036)  Original Equipment  Failure Location:  
 Prior Repair  
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:  
Seat Type: [Redacted] Installation System:  
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).

WHILE BRAKING VEHICLE ACCELERATED WITHOUT WARNING. CONSUMER HAD TO SHIFT TO NEUTRAL TO DECELERATE THE VEHICLE. THIS PROBLEM HAPPENED THREE TIMES. DEALERSHIP WAS NOTIFIED, BUT THE PROBLEM WAS NOT RESOLVED. \*AK In order to avoid an accident at an intersection I had to steer into & skow back in order to stop. No damage was done.

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.