



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

800 Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

24-MAR-2004

Repository ☐

Reference No.
10074097

OWNER INFORMATION (Type or Print)

Name

Address

City NEW YORK

State NY

Zip Code

Daytime Telephone Number

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2FAFP74W63X

Make
FORD

Model
CROWN VICTORIA

Model Year
2003

Date Purchased
FALL-1993

Dealer's Name and Telephone Number
PARK AVE FORD - (201) 568-9205

Engine:
No. Cylinders
8

Fuel Type:
REG

Original Owner
☒

Dealer's City
TENAFLY

State
NJ

Zip Code
07670

Transmission Type

☒ Antilock Brakes

Powertrain

Vehicle Component Code

181000 VEHICLE SPEED CONTROL: ACCELERATOR PEDAL

*AUTOMATIC
ELECTRONIC*

☒ Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
23-MAR-2004

Failure Mileage
13000

Failure Speed
90

TRANSMISSION FAILURE - CAR WOULD NOT STOP +
RACED BACK THRU MY FAT WAS PRESSED AGAINST
THE BRAKE PEDAL WITH ALL MY STRENGTH

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: DOTM18AB0030)

☒ 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(ies).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

0

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 ENGAGING IN REVERSE, VEHICLE ACCELERATED AT 90 MPH. TIRES WERE SCREECHING AND SMOKING. AS A RESULT, VEHICLE
COLLIDED INTO THREE OTHER VEHICLE AND A PEDESTRIAN. NO INJURIES REPORTED. "AK A CHILD WAS INJURED. HE
WAS STANDING IN FRONT OF HIS FATHER'S CAR + WAS PINNED BETWEEN MY
VEHICLE + HIS FATHER'S CAR.

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.

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

I WAS PARKED IN A RESTAURANT PARKING LOT. THE ACCIDENT HAPPENED ABOUT 2:15 PM. I ENTERED THE CAR, PUT ON MY SEAT BELT, TURNED ON THE IGNITION, SHIFTED INTO REVERSE, STEPPED ON THE ACCELERATOR TO BACK OUT OF THE PARKING SPACE. THE CAR DID NOT MOVE. I THEN STEPPED ON THE BRAKE AND STOPPED GENTLY ON THE ACCELERATOR AGAIN AND THE CAR RACED AWAY BACKWARD AT A VERY VERY FAST SPEED. I THEN STEPPED ON THE BRAKE WITH ALL MY STRENGTH BUT THE CAR WOULD NOT STOP UNTIL IT STRUCK A PARKED CAR ABOUT 23 YARDS BEHIND ME. THERE WERE OTHER CARS IN FRONT & ON EITHER SIDE OF THE CAR MY CAR STRUCK. MY CAR SCRAPED & DENTED THEM ALSO. A CHILD WAS STANDING AMONG ONE THE CARS BEHIND ME. HE SOMEHOW WAS PINNED BETWEEN MY CAR & ONE OF THOSE CARS. THE CHILD, BENJAMIN WEGMAN, WAS TRANSPORTED BY AMBULANCE TO UNIVERSITY HOSPITAL IN NEWARK. HE SUFFERED A CRACKED PELVIS & A PARTIALLY COLLAPSED LUNG, BUT WAS SENT HOME 4 DAYS LATER. I DO NOT UNDERSTAND WHAT CAUSED THE UNCONTROLLED ACCELERATION OF MY CAR. I KNOW IT WAS NOT CAUSED BY MY PRESSING THE ACCELERATOR PEDAL INSTEAD OF THE BRAKE PEDAL.

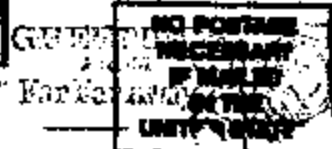
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National Highway
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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL 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



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<http://www.safercar.gov>