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 100145

Date Received	Repository ☐
24-MAR-2004	Reference No. 10074097

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City NEW YORK	State NY	Zip Code	

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	Make	Model	Model Year
2FAFP74W63X	FORD	CROWN VICTORIA	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
FALL-1993	PARK AVE FORD - (201) 568-9205				
Original Owner ☒	Dealer's City TENAFLY	State NJ	Zip Code 07670	8	REG

Transmission Type			Vehicle Component Code
AUTOMATIC ELECTRONIC 4L	☒ Antilock Brakes ☒ Cruise Control	Powertrain	181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
23-(MAR)-2004 (TUE)	13000	90	TRANSMISSION FAILURE - CAR WOULD NOT STOP + RACED BACK THOUGH MY FOOT WAS PRESSED AGAINST THE BRAKE PEDAL WITH ALL MY STRENTH

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: DOTMALBABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	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 NEXT TO HIS FATHERS 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

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 25 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 NEAR ONE THE CARS BEHIND ME. HE SOMEHOW WAS PINNED between MY CAR & ONE OF THOSE CARS. THE CHILD, BENJAMIN WEEMAN, WAS [illegible] TAKEN 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

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

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

Official Business
Penalty for Private Use $300

NEW YORK NY 100 PM 17 JUN 2004

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 72173 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

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and dial toll free at

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