



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire  
To Report Vehicle Safety  
1-388-CARSAFETY  
(1-888-327-4331)  
INTERNET: www.nhtsa.gov

USE ONLY 241

Repository

Reference No.  
10083861

2004 DEC -5 PM 5:23  
DL-2004

OWNER INFORMATION

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City SAN BERNARDINO	State CA	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 FORD	Model TAURUS	Model Year 1996
Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 19960 VEHICLE SPEED CONTROL

Incident Date(s) 23-JUL-2004	Failure Message 90030	Failure Speed
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Tire Make	Tire Model (Name or Code)	Tire Failure Type
DOT No. (Example: DOTM16ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police Y
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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 APPLYING THE BRAKE PEDAL VEHICLE SUDDENLY AND UNEXPECTEDLY ACCELERATED AND TOOK OFF. VEHICLE WAS FORCED ONTO A CURB, AND FLATTENED THE RIGHT FRONT TIRE BEFORE THE ENGINE CUT OFF. NO INJURY WAS REPORTED. \*AK

Include, if available: Police/Fire Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-PL 93-502, as amended, requires that the information you provide to NHTSA be requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate corrective action. 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.

11/15/04

Every since I had the accident  
happ on July 23/04, because of The  
car's sudden acceleration and I had  
to hit the curb to stop the extremely  
accelerated car. I have back problems  
also my Down Syndrome son James is complaining  
of back problems, and my friend Olga of headaches  
off and on. The biggest problem cause by this  
is that I lost my work transportation  
since I drive daily to and from work, and  
I'm still making payments every month on  
money I owed in a car that is a lemon.

Sincerely

[REDACTED]