



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-DDT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100184

Date Received
2004 SEP 03-AUG-2004

Repository
Reference No. 10
10087111

OWNER INFORMATION (Type or Print)

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

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. YES NO
Signature of Owner [Redacted] Date: 8/28/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4T1BF1889WU [Redacted] Make TOYOTA Model AVALON Model Year 1988
Date Purchased 1998 Dealer's Name and Telephone Number McGee Toyota 781-826-8333 Engine: [Redacted] Fuel Type: Gas
Original Owner Dealer's City Hanover State MA Zip Code 02339
Transmission Type AUTOMATIC Antilock Brakes Powertrain Cruise Control Vehicle Component Code 181000 VEHICLE SPEED CONTROL; ACCELERATOR PEDAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-AUG-2004 Failure Mileage 82000 Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]
DOT No. (Example: DOTM4L9ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
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: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
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 1 Number of Deaths 0 Reported to Police Y

Marrative 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 PULLING INTO A PARKING SPACE VEHICLE SURGED FORWARD AND CRASHED WITH A WALL. WHILE AGAINST THE WALL ENGINE REVVED EXTREMELY HIGH. THE POLICE AND THE FIRE DEPARTMENT RESPONDED TO THE COLLISION. CONSUMER SUSTAINED SLIGHT KNEE INJURIES. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
The Privacy Act of 1974 (Public Law 93-579) 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 entering a parking lot when my car was accelerating and then I heard a noise as if something dropped. I then proceeded to park the car. I was parking the vehicle at a doctors office going less than 5 miles an hour. The car surged forward and I pressed my foot on the brake. The car would not stop hitting rocks in front of a retaining wall. Although I had my foot on the brake the car continued to surge and did not stop until I took the ignition key out. My sister and my two nieces were also in the car when the car surged. My neck and my knee bothers me as a result of the car accident.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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 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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S
QUESTIONNAIRE**



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

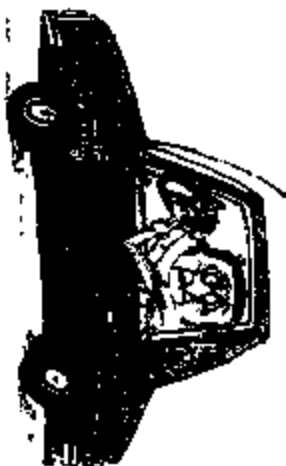
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.gov/odjpe/hotline

Commonwealth of Massachusetts

Date of Crash 08/03/2004 Time of Crash 1136 City/Town COHASSET 24HR

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 Speed Limit 0 State Police Local Police MBTA Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street At
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
2 1 Route# Direction Name of Intersecting Roadway/Street

2 9 Route# Direction Address # 223 CHIEF JUSTICE CUSHING HWY
Name of Roadway/Street
Foot N S E W of
Mile Marker
Foot N S E W of
Route# Intersecting Roadway/Street
1 11 COHASSET PEDIATRICS
Landmark

3 Vehicle 1 Occupants Non-Motorist Moped

04-100-AC

4 1 License # St. MA DOB/Age 03/14/1971 Reg # Reg Type PAN Reg State MA
Sex F Lic. Class Lic. Restrictions CDL Endorsement
Operator Address
City HINGHAM State MA Zip
Insurance Company ONE BEACON INSURANCE GROU
5 2 Vehicle Travel Direction: N S E W Responding to Emergency? 2
Citation # (if issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
6 1 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Veh Year 1998 Veh Make TOYOTA Veh Config
Owner Address
City HINGHAM State MA Zip
Vehicle Action Prior to Crash
Event Sequence
Most Harmful Event
Driver Contributing Code
Underride/Override Towed 2
Damaged Area Code: (Circle Up to Three)
0 None
1 Undercarriage
2 Tinted
3 Other
4 Unknown

Table with columns: Name (Last, First, Middle), Address, DOB/Age, Sex, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, Medical Facility. Includes operator and other occupants.

7 9 Vehicle 2 Occupants Non-Motorist A Type Action Location Condition
License # St. DOB/Age
Sex Lic. Class Lic. Restrictions CDL Endorsement
Operator Address
City State Zip
Insurance Company
Vehicle Travel Direction: N S E W Responding to Emergency?
Citation # (if issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State
Veh Year Veh Make Veh Config
Owner Address
City State Zip
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Event Sequence
Most Harmful Event
Driver Contributing Code
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Table with columns: Name (Last, First, Middle), Address, DOB/Age, Sex, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, Medical Facility. Includes operator and other occupants.

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian
 ie: → 1 → 2 → ○

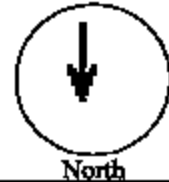
Crash Diagram:

Perking Lot - Cohasset Pediatrics - 223 Chief Justice Dushing Highway, Cohasset, MA



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way



Crash Narrative:

Operator of Vehicle #1, [REDACTED] states that her vehicle (V#1), surged forward and accelerated on its own, while she was attempting to park V#1. When V#1 surged forward, V#1 did strike a rock ledge, causing front end, undercarriage, and possible other damage. Operator of V#1 further states that she hit her left knee on the steering column when V#1 hit rock ledge.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	Description of Damaged Property

Trailer and Bus Information:

Registration # _____ (From Vehicle Section)
 Carrier Name _____ Carrier Issuing Authority Code _____
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____
 Cargo Body Type Code [37] Gross Vehicle Weight _____
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____
 Hazard Information:
 Hazard # [40] Material 1 digit # [41] Material Name _____ Material 4 digit # _____ Release code _____

SERGEANT WILLIAM F QUIGLEY [Signature] **3700** Cohasset Police Department 08/19/2004
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date