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 1368

Date Received	Repository
01-APR-2005	Reference No. 10117228

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: BILLERICA	State: MA	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
4M2DU86W42Z	FORD	MOUNTAINEER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
7/02	Sentry Linc. Mer.			8	
Original Owner ☒	Dealer's City: Medford, Mass	State: MA	Zip Code: 02155		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control		180000 VEHICLE SPEED CONTROL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-MAR-2005	20000		

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: DOTMAL9ABC036)	☐ 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			N Yes

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 REVERSING LOW SPEED VEHICLE INADVERTENTLY ACCELERATED INTO A POLE. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

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 backing up my truck to park my vehicle, when all of a sudden the engine raced and my vehicle sped very fast to the other side of the road and hit a utility pole. I applied the brakes, but I already hit the pole. The brakes would not stop the vehicle.

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

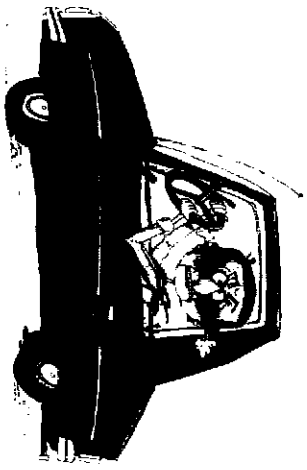
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

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
www.nhtsa.dot.gov/hotline

399539

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police / Local Police / MBTA Police / Other
03-21-2005	19:01 24HR	WOBURN	1	0	30	Local Police

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

719 REVERE RD.

Route# | Direction | Address # | Name of Roadway/Street

____ Feet [N][S][E][W] of ___ ___ ___ • ___ Mile Marker or ____ Exit Number

____ Feet [N][S][E][W] of Route# | Intersecting Roadway/Street

____ Feet [N][S][E][W] of Landmark

Please Select One of the Following: [X] Vehicle 1 — 1 # Occupants | [ ] Hit/Run | [ ] Moped

License # [redacted] St MA DOB/Age 04-11-97

Sex F | Lic. Class [ ] | Lic. Restrictions [ ] | CDL [ ] Endorsement

Operator [redacted] (Last / First / Middle)

Address [redacted]

City BILLERICA State MA Zip [redacted]

Insurance Company COMMERCE INSURANCE

Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? N

Citation # (If Issued) ____

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # [redacted] Reg Type PAN Reg State MA

Veh Year 2002 Veh Make MERC MONTH Veh Config. [ ]

Owner [redacted] (Last / First / Middle)

Address SAME

City ____ State ____ Zip ____

Vehicle Action Prior to Crash [ ]

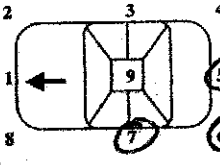
Event Sequence [ ] [ ] [ ] [ ]

Most Harmful Event [ ]

Driver Contributing Code [ ] [ ]

Underride/Override [ ] Towed Y

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	--------	---	---	99	4	99	0	0	5	1	

Please Select One of the Following: [X] Vehicle 2 — 2 # Occupants | [ ] Non-Motorist A Type [ ] Action [ ] Location [ ] Condition [ ] | [ ] Hit/Run | [ ] Moped

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class N/A | Lic. Restrictions [ ] | CDL Endorsement ____

Operator ____ (Last / First / Middle)

Address ____

City ____ State ____ Zip ____

Insurance Company PREMIER INSURANCE

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 # [redacted] Reg Type PAN Reg State MA

Veh Year 2002 Veh Make VOLVO Veh Config. [ ]

Owner [redacted] (Last / First / Middle)

Address [redacted]

City WOBURN State MA Zip [redacted]

Vehicle Action Prior to Crash [ ]

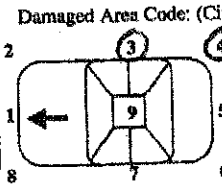
Event Sequence [ ] [ ] [ ] [ ]

Most Harmful Event [ ]

Driver Contributing Code [ ] [ ]

Underride/Override [ ] Towed N

Damaged Area Code: (Circle Up to Three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

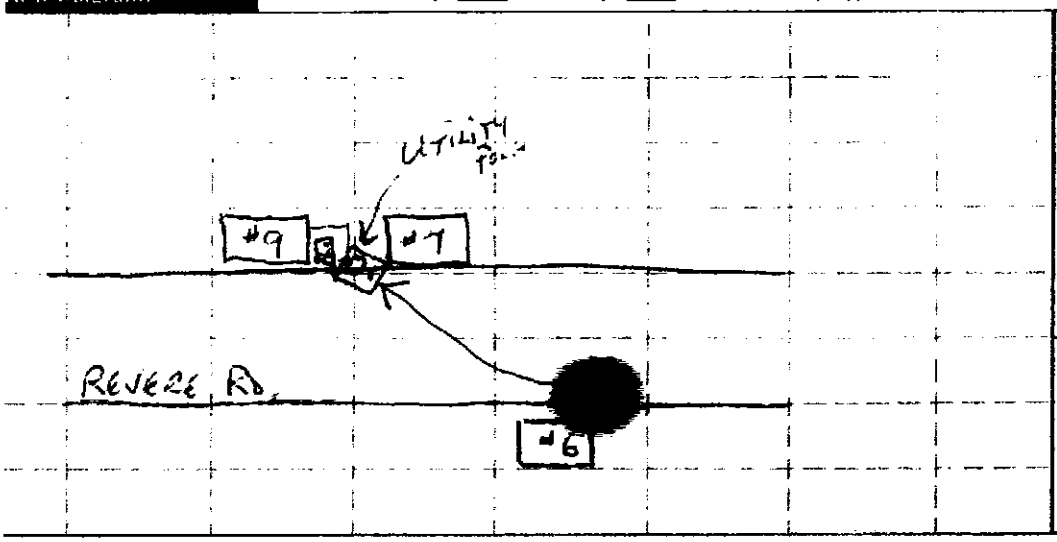
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	--------	---	---								

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♀ = Pedestrian

ie: → [1] → [2] → ♀

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative: OPERATOR MV #1 STATED SHE WAS BACKING UP IN FRONT OF #6 REVERE RD. WHILE BEING DIRECTED BY HER FATHER. OPERATOR BELIEVES GAS PEDAL STUCK AND VEHICLE ACCELERATED EVEN AS SHE BRAKED. MV #1 CONTINUED BACKWARDS ACROSS REVERE RD. STRIKING UTILITY POLE. IMPACT SNAPPED POLE FORCING PART OF POLE INTO REAR PASSENGER WHEEL OF MV #2 (UNOCCUPIED AND PARKED IN DRIVEWAY OF #9 REVERE RD.) WITH SUFFICIENT FORCE TO MOVE THAT VEHICLE. POWER WIRES WERE TORN FROM #7 REVERE RD. RESIDENTS #9 CONCERNED OF MORE DAMAGE TO MV #2 FROM SHATTERED GLASS FROM MV #1 AND FACT MV #2 MOVED FROM FORCE OF IMPACT. POWER CUT IN AREA BY NSTAR, POLE SECURED BEFORE MV #1 FREED BY RURAL TOWING. OPERATOR CHECKED BY FIRE PERSONNEL. ROADWAY DEBRIS.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	[redacted]	Description of Damaged Property
NSTAR ELECTRIC				UTILITY POLE # 5.1/5
HARRINGTON, JAY	7 REVERE RD.	781-438-0283		WIRES

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [redacted]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate [redacted]

Cargo Body Type Code [redacted] Gross Vehicle Weight [redacted]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [redacted]

Hazmat Information:

Placard [redacted] Material 1 digit # [redacted] Material Name _____ Material 4 digit # _____ Release code [redacted]

ANGELO J. PIAZZA JR. 66/114 WORCESTER P.D. 05-27-05

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).