



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 100148

Date Received **2006 MAR -3 AM 9:46**
13-FEB-2006
Repository
Reference No. 10150088

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED] Evening Telephone Number [REDACTED]
City **DOERUN** State **GA** Zip Code [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please print name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date **2/29/06**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **2FAFP7 [REDACTED]** Make **FORD** Model **CROWN VICTORIA** Model Year **2002**
Date Purchased **25-JAN-08** Dealer's Name and Telephone Number [REDACTED] Engine: No. Cylinders **8** Fuel Type: **Gas**
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type **AUTOMATIC** Antilock Brakes Cruise Control Powertrain **REAR WHEEL DRIVE** Vehicle Component Code **186000 VEHICLE SPEED CONTROL:CRUISE CONTROL**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **27-JAN-2005** Failure Mileage **33180** Failure Speed **55**

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: DOTM18ABC036) 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(es).)

Crash Yes No Fire Yes No
Number of Persons Injured **0** Number of Deaths **0** Reported to Police **Y**

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

DT*: THE CONTACT STATED WHILE TRAVELING 56MPH THE CRUISE CONTROL WOULD NOT DISENGAGE. THE CONTACT TRIED TO DISENGAGE THE CRUISE CONTROL AT THE STEERING WHEEL. WHEN THAT DID NOT WORK, THE BRAKE WAS APPLIED. THE VEHICLE ACCELERATED AND THE BRAKE WOULD NOT STOP THE VEHICLE. THE VEHICLE CRASHED INTO SOMEONE'S YARD. THERE WERE NO INJURIES SUSTAINED AND THERE WAS A POLICE REPORT FILED. THERE WAS SUBSTANTIAL DAMAGE DONE TO THE CONTACT'S VEHICLE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

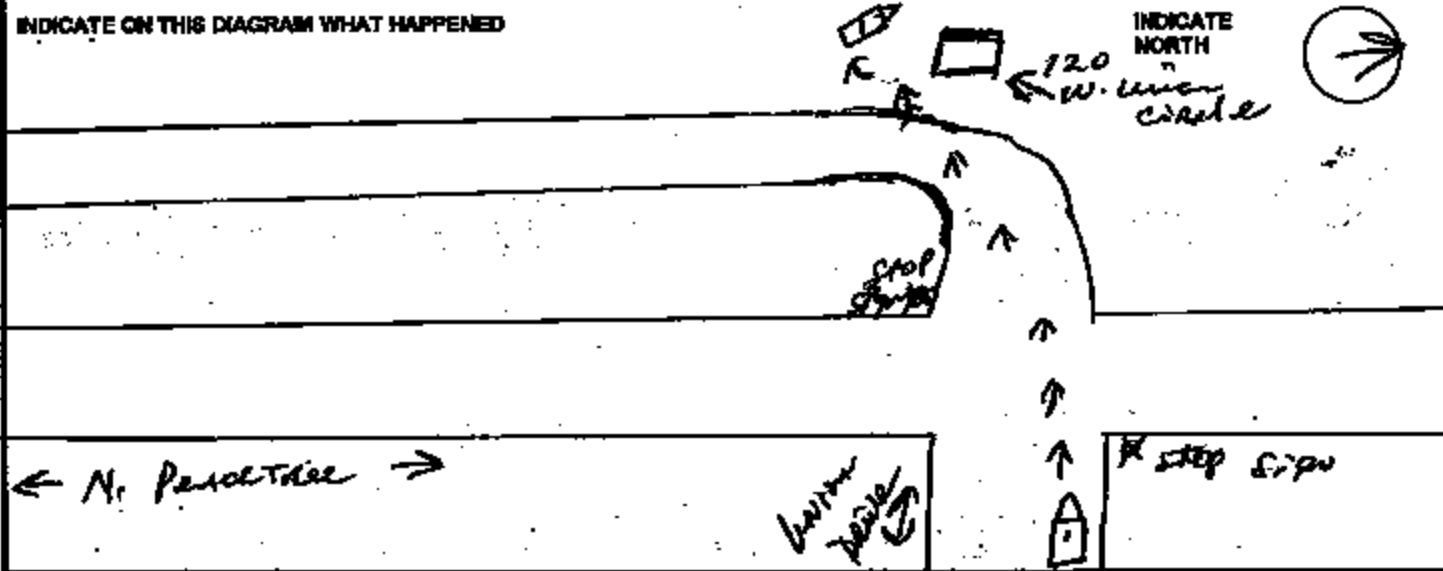
ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

Accident Number 01/27/06		Agency NCIC No.		COUNTY FORM MOTOR VEHICLE ACCIDENT REPORT		County Colquitt		Date Rec. by DMV			
Date 01/27/06		Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input checked="" type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Time 1700		Off. Arrived 1705		Total Number of Vehicles 1 Injuries 0 Fatalities 0		Inside City Of Doerun	
Road of Occurrence W. Union Circle						At Its Intersection With <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100			Corrected Report? Yes <input type="checkbox"/>		
Not All In Interaction But <input type="checkbox"/> Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> South <input type="checkbox"/> West						Suppl. To Original? Yes <input type="checkbox"/>			HE and Run? Yes <input type="checkbox"/>		
And continuing in the direction checked above, the Next Right/Left Point Is <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100											
Driver # 1		LAST NAME		MIDDLE		Driver #		LAST NAME		MIDDLE	
Ped # <input type="checkbox"/>		Address		City		Ped # <input type="checkbox"/>		Address		City	
City Doerun		State GA		Zip		City		State		Zip	
DOB		DOB		DOB		DOB		DOB		DOB	
Driver's License No.		Class		Sex		Driver's License No.		Class		Sex	
Insurance Co.		Policy No.		Insurance Co.		Policy No.		Insurance Co.		Policy No.	
Year		Model		Telephone No.		Year		Model		Telephone No.	
VIN		Vehicle Color		VIN		Vehicle Color		VIN		Vehicle Color	
Tag #		State		County		Year		Tag #		State	
Trailer Tag #		State		County		Year		Trailer Tag #		State	
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name		First		Middle		<input type="checkbox"/> Same as Driver		Owner's Last Name	
Address		City		State		Zip		Address		City	
Removed By		Request		List		Removed By		Request		List	
Alcohol Test		Type		Results		Drug Test		Type		Results	
Driver Cond		Direction Of Travel		Vision Obscured		Contributing Factors		Driver Cond		Direction Of Travel	
Veh Cond		Veh Manufacturer		Ped. Maneuver		Veh Cond		Veh Manufacturer		Ped. Maneuver	
Most Hazardous Event		Veh Class		Veh Type		Most Hazardous Event		Veh Class		Veh Type	
Traffic Ctl		Device Inoperative?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Traffic Ctl		Device Inoperative?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Injured Taken To: None		By:		Injured Taken To:		By:		Injured Taken To:		By:	
EMR Modified Time		EMR Arrival Time		Hospital Arrival Time		Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		By:			
Report By:		Department		Report Date		Checked By:		Date Checked			
Witness(es) Name		Address		City		State		Zip Code		Telephone No.	
DMV'S MICROFICHE NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLE ONLY											
Carrier Name				Carrier Name				Carrier Name			
Vehicle #				Vehicle #				Vehicle #			
Address				Address				Address			
No. of Axles		G.V.W.R.		Fed. Reportable		Cargo Body Type		No. of Axles		G.V.W.R.	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Released? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, Name or 4 Digit Number from Diamond or Box:				If YES, Name or 4 Digit Number from Diamond or Box:				If YES, Name or 4 Digit Number from Diamond or Box:			
1 Digit Number from Bottom of Diamond:				1 Digit Number from Bottom of Diamond:				1 Digit Number from Bottom of Diamond:			
Run Off Road Down Hill Runaway Cargo Loss or SHR Separation of Units				Run Off Road Down Hill Runaway Cargo Loss or SHR Separation of Units				Run Off Road Down Hill Runaway Cargo Loss or SHR Separation of Units			

REMARKS: *Driver and passenger stated when he tried to disengage the cruise control the vehicle increased in speed causing accident*

INDICATE ON THIS DIAGRAM WHAT HAPPENED



CITATIONS - VEHICLE # 1 *None* CITATIONS - VEHICLE #

First Reported Event	Traffic-Way Post.	Weather	Surface Cond.	Light Cond.	Number of Vehicles	Location of Area of Impact	Road Comp.	Road Wd.	Road Character	Obstructions (Buildings and Signs)
<u> </u>	<u>7</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u> </u>	<u> </u>	<u>2</u>	<u>1</u>	<u> </u>	<u> </u>

Number of Occupants		2		SEED DISTANCE BEFORE IMPACT	0	AFTER	0	Width of Road
Point of Initial Contact		12-5			VEH.		VEH.	
Damage To Vehicles		4			VEH.		VEH.	

Damage Other Than Vehicle: *None* Owner:

Occupants (List below):
 Driver # Or Pedestrian #
 Driver # Or Pedestrian #

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	X	X	X	X	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>										
<u>Dallas</u>	<u>EA</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>										

**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).**