



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 09-AUG-2006
Repository
Reference No. 10165043

OWNER INFORMATION (Type or Print)

Name [REDACTED] Address [REDACTED] City PASADENA GLENBURNIE State MD Evening Telephone Number SAME E-mail Address [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of signature to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 8/23/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAP53S9WA [REDACTED] Make FORD Model TAURUS Model Year 1998
Date Purchased 15-AUG-98 Dealer's Name and Telephone Number KOONS FORD 400-298-3800 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City BALTIMORE State MD Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-AUG-2006 Failure Mileage 73990 Failure Speed 10

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: DOTMAL9ABC036) 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 3 Number of Deaths [REDACTED] Reported to Police 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).

DT*: THE CONTACT STATED THE VEHICLE ACCELERATED UNCONTROLLABLY TO 10 MPH WHILE IN REVERSE WHICH RESULTED IN A COLLISION. THE VEHICLE'S TRANSMISSION WAS PUT IN REVERSE TO BACK INTO A PARKING SPOT WHEN FULL ACCELERATION ENGAGED. THE VEHICLE WENT OVER AN EMBANKMENT AND COLLIDED WITH A TREE. THE VEHICLE KEPT ACCELERATING AFTER THE COLLISION UNTIL THE CONTACT SHUT THE IGNITION OFF. THE THROTTLE CONTROL WAS NOT CONTROLLABLE WITH BRAKING. THE FIRE DEPARTMENT WAS CONTACTED AND EXTRACTED THE 3 INJURED PASSENGERS FROM THE REAR WINDOW. THE MANUFACTURER WAS NOT CONTACTED AND A POLICE REPORT WAS TAKEN.

THE PERSON IN THE FRONT PASSENGER SEAT WAS THROWN TO THE BACK SEAT DUE TO THE BACK OF THE FRONT SEAT BREAKING AND GOING ALL THE WAY BACK, THE CAR WENT OVER THE EMBANKMENT BACKWARDS. THE CAR HAS BEEN TOTALLED.

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.