



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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	Repository <input type="checkbox"/>
10-FEB-2009	Reference No. 10258212

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: SUFFOLK State: VA 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? 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 1FTEF15Y0TLE [REDACTED]	Make FORD	Model F-150	Model Year 1996
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 08-JAN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION	Failure Mileage 187000	Failure Speed 0
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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: DOTM19ABC036)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	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).

TL*THE CONTACT OWNS A 1996 FORD F-150. THE CONTACT STATED THAT THE VEHICLE BEGAN ROLLING AFTER BEING PARKED FOR APPROXIMATELY FOUR MINUTES. THE VEHICLE CRASHED INTO A DITCH, WHICH CAUSED MODERATE VEHICLE DAMAGE. THERE WERE NO INJURIES. THE MANUFACTURER STATED THAT THEY WOULD NOT ASSUME ANY RESPONSIBILITY FOR THE FAILURE BECAUSE THERE WAS NO RECALL. THE VEHICLE IS IN THE PROCESS OF BEING REPAIRED. THE CONTACT HAS A COPY OF THE POLICE REPORT. THE FAILURE AND CURRENT MILEAGES WERE 187,000. there was a injury to my back and leg by trying to stop the truck. Also, you would have to get the CAD # 2009 0017282. Report from the Suffolk Police Department which I had problem getting. Attachment here with [REDACTED]

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)

No auto with automatic transmission which is locked in parking gear should not pop out of gear while idle and running. I had stop my truck and put it in park to help some items off the the on the right side of the pickup bed and as we were unloading the truck the truck jumped out of gear. I ravel out off Driveway about 30 yard across the highway into a ditch embankment. I had ran behind it to try to stop it, but the power was greater than mines. So, I ran into the highway to stop all the ongoing traffic. So no-one would get killed.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



SUFFOLK POLICE DEPARTMENT ACCIDENT INFORMATION EXCHANGE FORM

Driver # 1 Name: (Last, First, Middle)			Occupation		
Driver # 1 Address (Street & No)			Years Driving Experience		
City		State		Zip Code	
Date of Birth		Sex	Drivers License Number		State
		M			FL
Vehicle Owners Name (Last, First Middle)					
Address (Street & No) SAME					
City			State		Zip Code
Make & Type of Vehicle (show Moped, Motorcycle, Ambulance, ECT....) <input type="checkbox"/> CMV <input type="checkbox"/> HAZMAT					Year
F150					1996
Vehicle Vin #			Vehicle Color		
1FTEF15Y0TL			GREEN		
License Plate Number		State	Name of Insurance Co. (Not Agent)		
		VA	GEICO		

Driver # 2 Name: (Last, First, Middle)			Occupation		
Driver # 2 Address (Street & No)			Years Driving Experience		
City		State		Zip Code	
Date of Birth		Sex	Drivers License Number		State
Vehicle Owners Name (Last, First Middle)					
Address (Street & No)					
City			State		Zip Code
Make & Type of Vehicle (Show Moped, Motorcycle, Ambulance, ECT....) <input type="checkbox"/> CMV <input type="checkbox"/> HAZMAT					Year
Vehicle Vin #			Vehicle Color		
License Plate Number		State	Name of Insurance Co. (Not Agent)		

Date of Accident		Time of Accident		Weather Conditions at Time of Accident	
2-9-09		18:59		CLC *R, DARK ROADWAY	
Location of Accident					
3640 Nansemond Pkwy					
Witness Name (Last, First Middle)					
Witness Address (Street & No)			City	State	Zip Code
Witness Name (Last, First Middle)					
Witness Address (Street & No)			City	State	Zip Code
Officers Name & Telephone #			ID #	Cad or IBR #	
Holmwood M.A.			407	20090017282	
<input type="checkbox"/> If Checked, a State Accident Report will be on file at The Suffolk Police Department Central Files Office located at 120 Henley Place, P.O Box 1678 Suffolk Virginia, 23439 (757) 923-2350 the next day.					