



NOV 17 2009

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

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

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

Date Received	Repository <input type="checkbox"/>
30-OCT-2009	Reference No. 10290412

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
MORRISON	IL				

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
1FMZU73K15Z		FORD	EXPLORER	2005
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
July 2006	Majeski Motors		No: Cylinders	
Original Owner	Dealer's City	State	Zip Code	
<input type="checkbox"/> used	Sterling, IL	IL	61081	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
Automatic	<input checked="" type="checkbox"/> Cruise Control			12-OCT-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	52287	

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: DOTM9ABC036)	<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	Number of Deaths	Reported to Police
		0		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).

TL*THE CONTACT OWNS A 2005 FORD EXPLORER (XLT) XLT SPT/NBX. WHILE DRIVING IN REVERSE OUT OF A PARKING SPACE SHE LIGHTLY PLACED HER FEET ON THE ACCELERATOR PEDAL AND SUDDENLY THE VEHICLE ACCELERATED AND CRASHED INTO A PARKED VEHICLE. THE PARKED VEHICLE WAS PUSHED INTO TWO OTHER PARKED VEHICLES. SHE STATED THAT HER VEHICLE DOES NOT HAVE FLOOR MATS. THERE WERE NO INJURIES. THE INSURANCE COMPANY WILL INVESTIGATE THE FAILURE. THE VEHICLE'S BODY WAS REPAIRED. THE POLICE REPORT NUMBER IS 09-19790. THE CURRENT AND THE FAILURE MILEAGES WERE 52,287. This should be classified as unwanted acceleration. The vehicle has been parked since body repair was done. Insurance Company is investigating the incident. I will not take it to a Ford dealer to be looked at until investigation is done. I have not driven it since the accident. Probably never will.

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.

over

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

The vehicle felt like it went from 0-50 in two seconds. It Roared! There were also 5 other witnesses to this incident. One person had just parked his van next to the car I hit. He was walking behind me and heard the engine roar and ran to get out of the way otherwise I would have probably killed him.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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

