



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

INFORMATION REDACTED PURSUANT TO THE FREEDOM  
OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

**TO REPORT VEHICLE SAFETY DEFECTS**  
888-327-4236  
www.safercar.gov

FOR AGENCY USE ONLY

Date Received

Repository

Reference No.

11075930 MAR 01 2018

**OWNER INFORMATION (Type or Print)**

Name		Daytime Telephone Number	
Street No.		Evening Telephone Number	
City		E-mail	
CASTLE ROCK	State CO	[REDACTED]	
Apt. No.		Zip Code	
[REDACTED]		[REDACTED]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.

Signature of Owner \_\_\_\_\_ Date 1/12/2018

**VEHICLE INFORMATION**

17 digit Vehicle Identification number located at bottom of windshield on driver's side		Make	Model	Year	Current Mileage
4S4BRDL3B2 [REDACTED]		SUBARU	OUTBACK	2011	83,719
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
12/15/2010	SHORTLINE AUTOMOTIVE 303-364-2200			<input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid	
<input type="checkbox"/> Original Owner	Dealer's City	State	Zip Code	No. Cylinders	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other
	AURORA	CO	80012	6	
Transmission Type		Powertrain		Rear-wheel Drive	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		<input checked="" type="checkbox"/> All-Wheel Drive <input type="checkbox"/> Front-wheel Drive		<input type="checkbox"/> Four-wheel Drive	
<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control					

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
UNINTENDED ACCELERATION	12/15/2017	83,719	5-10MPH	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/85R1105)
Failed Structure		DOT No. (Example: DOT MAL9ABC036 on sidewall)	
<input type="checkbox"/> Tread <input type="checkbox"/> Sidewall <input type="checkbox"/> Bead		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	
Failure Type:			
<input type="checkbox"/> Blowout <input type="checkbox"/> Blister <input type="checkbox"/> Crack <input type="checkbox"/> Torn <input type="checkbox"/> Tread Separation <input type="checkbox"/> Road Hazard <input type="checkbox"/> Out of Round			

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make	Date Manufactured	Model Number and Name
Seat Type		Installed in Vehicle using the:
<input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input type="checkbox"/> Other		<input type="checkbox"/> Vehicle safety belt
Failed Part. Describe Failure Below		<input type="checkbox"/> LATCH system* *Vehicle info required
<input type="checkbox"/> Base <input type="checkbox"/> Harness/Buckle <input type="checkbox"/> LATCH Connector <input type="checkbox"/> Shell <input type="checkbox"/> Handle <input type="checkbox"/> Other		

**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	Police Report No.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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

SEE ATTACHED "NARRATIVE DESCRIPTION OF 12/15/2017 INCIDENT"  
AND LONE TREE, COLORADO, POLICE DEPT. INCIDENT REPORT # [REDACTED]

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

## NARRATIVE DESCRIPTION OF 12/15/2017 INCIDENT

This incident was a case of unintended acceleration resulting in a crash into a nearby light pole, with significant damage to the front of the vehicle. I, [REDACTED] husband of the owner, was driving when the incident occurred. I was pulling into a parking spot and had slowed down getting ready to stop and shift into "Park", when suddenly the car sped up over the cement parking block and crashed into the concrete base of the light pole, which was only about 6 feet from the parking space. This all happened within a span of perhaps two or three seconds, and the impact speed was not sufficient to deploy any of the airbags. Just as our vehicle hit the light pole, I realized to my surprise and chagrin that my right foot was actually pressing on the gas pedal instead of the brake. I recall having no sensation that my foot had slipped off the brake onto the gas pedal. I immediately lifted my foot and the engine returned to idle, which I then turned off.

Someone immediately summoned the Lone Tree police who arrived shortly and made out an accident report which is herewith attached. Our vehicle was then towed away to a collision shop in Castle Rock, CO, for an estimate and possible repair.

I am not aware of any defect or malfunction of our vehicle that might have caused or precipitated this incident (such as sudden engagement of the Cruise Control), and I do take full responsibility as driver since my foot pressed the wrong pedal. However, I decided to file this report with NHTSA for further investigation, if warranted.

Signed:

[REDACTED]

# Incident Report # [REDACTED]



**Lone Tree Police Department**  
 9220 Kimmer Dr. Suite #120  
 Lone Tree, Colorado 80124  
 Admin Phone (303) 339-8150  
 Fax (303) 339-8179

## Event Info

<b>Date Reported</b> 12/15/2017	<b>Time Reported</b> 14:18	<b>Time Dispatched</b> 14:18	<b>Time Arrived</b> 14:23	<b>Time Completed</b> 15:18	
<b>Addr. of Occ.</b> 8467 S YOSEMITE ST	<b>State</b> CO	<b>County</b> Douglas	<b>City</b> Lone Tree	<b>Zipcode</b> 80124	<b>Date Occ. Range</b> 12/15/2017 - 12/15/2017
<b>Time Occ. Range</b> 14:15 - 14:15	<b>District</b> one	<b>Grid</b> 1	<b>Shift</b> d	<b>How Reported</b> 911	<b>Dispatch Disposition</b> RPT

## Classification Completed

<b>Class</b> TRAFFIC ACCIDENT	<b>Subclass</b> TRAFFIC ACCIDENT, PRIVATE PROPERTY
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## Driver

<b>Name Type</b> Driver	<b>Name</b> [REDACTED]	<b>Address</b> [REDACTED]	<b>City</b> CASTLE ROCK	<b>State</b> CO			
<b>Zip</b> [REDACTED]	<b>Sex</b> [REDACTED]	<b>Race</b> [REDACTED]	<b>EO</b> NON-HISPANIC	<b>Height</b> 600	<b>Weight</b> 170	<b>Hair</b> BRO	<b>Eyes</b> BLU
<b>Cell Phone</b> [REDACTED]	<b>Marital Status</b> MARRIED	<b>Residency Status</b> NONRESIDENT					

## Passenger

<b>Name Type</b> Passenger	<b>Name</b> [REDACTED]	<b>Address</b> [REDACTED]	<b>City</b> CASTLE ROCK	<b>State</b> CO			
<b>Zip</b> [REDACTED]	<b>Sex</b> [REDACTED]	<b>Race</b> [REDACTED]	<b>EO</b> NON-HISPANIC	<b>Height</b> 504	<b>Weight</b> 130	<b>Hair</b> GRY	<b>Cell Phone</b> [REDACTED]
<b>Marital Status</b> MARRIED	<b>Residency Status</b> NONRESIDENT						

## Business

<b>Name Type</b> Business	<b>Name</b> [REDACTED]	<b>Address</b> [REDACTED]	<b>City</b> greenwood village	<b>State</b> CO	<b>Zip</b> [REDACTED]
<b>Contact</b> [REDACTED]	<b>Comments</b> [REDACTED] IS THE REAL ESTATE MGR.				

## Vehicle

<b>Record Type</b> TYPE LOSS-UNKNOWN	<b>Date Reported</b> 12/15/2017	<b>Status</b> PRIVATE TOW	<b>LIC Plate No</b> [REDACTED]	<b>State</b> CO	
<b>Vehicle ID No</b> 4S4BRDLC3B2 [REDACTED]	<b>Year</b> 2011	<b>Make</b> SUBA	<b>Model</b> FORREST	<b>Style</b> SUV	<b>Color</b> BLK
<b>Vehicle Classification</b> TRAFFIC ACCIDENT - TRAFFIC ACCIDENT, PRIVATE PROPERTY			<b>Vehicle Owner</b> [REDACTED] (PASSENGER)		

## Narrative



An employee of Bed Bath and Beyond provided me with the property managers information for the damages to the property.

I submitted a driver's license re-examination for [REDACTED]

**CASE DISPOSITION:**

Clear on a report.

**Case Management**

<b>Initial Investigator</b>	<b>Current Investigator</b>	<b>Report Status</b>	<b>Approved By</b>	<b>Date Approved</b>
STEGMAIER, RICKY	STEGMAIER, RICKY	Approved	YOUNG, KELLY	12/19/2017 12:42
<b>Case Status</b> CLEARED				