



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 336

Date Received

23-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008358

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FAPP53SOXA261669		FORD	TAURUS	1999	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
				☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other _____	
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ 21-MAR-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) _____ 16000		
	Vehicle Speed at Failure(s) _____		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash ☒ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN PULLING INTO A PARKING SPACE GAS PEDAL STUCK TO FLOOR AND VEHICLE ACCELERATED AND TOOK OFF, CONSUMER HIT A CAR/ SOME TREES ,AND A FENSE. THEN,VEHICLE ROLLED OVER BEFORE COMING TO A STOP. VEHICLE WAS A TOTAL LOST. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

COPIES OF THIS FORM ARE:

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received 23-APR-2002 Od_or _____ rt dt _____ od_rt _____ up_ltr _____ Reference No. 8008338 Work No. _____ Home No. _____	
OWNER INFORMATION (Type or Print) [Redacted]				Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an address to the vehicle manufacturer. Signature of Owner [Redacted] ☒ YES ☐ NO Date 05/06/02	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side) 1FAPF53SOXA261669		Vehicle Make FORD		Vehicle Model TAURUS	
Purchase Date 07/08/99 ☒ New ☐ Used		Dealers Name McINERNEY FORD INC City ORLANDO State FL Zip Code 32807		Vehicle Year 1999 Current Odometer Reading 16,000 APPROX TOTAL	
Engine Size (CID/CCL) 3.0LT No Cylinders 6 ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection		Transmission Type ☐ Manual ☒ Automatic		Anti-lock Brakes ☐ Yes ☒ No	
Restraint System ☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag		Cruise Control ☒ Yes ☐ No		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	
Vehicle Type ☒ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other		Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 06410000		Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
No of Failures 1		Date(s) of Failure(s) 21-MAR-2002 Mileage at Failure(s) 6000 Vehicle Speed at Failure(s) _____		Failed Part(s) ☐ Yes ☐ No	
NHTSA Previously ☐ Yes ☐ No					
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
Crash ☒ Yes ☐ No		Fire ☐ Yes ☒ No		Number of Persons Injured 1	
Number of Fatalities NONE		Estimated Property Damage 18,000		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHEN PULLING INTO A PARKING SPACE GAS PEDAL STUCK TO FLOOR AND VEHICLE ACCELERATED AND TOOK OFF, CONSUMER HIT A CAR/ SOME TREES, AND A FENCE. THEN VEHICLE ROLLED OVER BEFORE COMING TO A STOP. VEHICLE WAS A TOTAL LOST. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK					

CONTINUE ON BACK IF NEEDED

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