



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 798

Date Received

24-APR-2002

Od. or
rt. dt
pd. rt
rp. ltr

Reference No.

8008490

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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 1995	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL: PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 01-JAN-2000 Mileage at Failure(s) 2000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE IN A PARKING LOT CONSUMER WAS TRYING TO SLOW DOWN, BUT INSTEAD STEPPED ON GAS PEDAL AND BRAKE PEDAL AT SAME TIME BECAUSE PEDALS WERE SO CLOSE TOGETHER. CONTACTED DEALER. *AK

COPIED FROM NHTSA FORM 301

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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 798	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 0014 ARLINGTON VA [Redacted]		Date Received JUN - 5 AM 10:05 24 APR 2002 OFFICE DEFECTS INVESTIGATION	Od or _____ r dt _____ od rt _____ up_ltr _____ Reference No. 8008490 Work Number _____ Home Number _____
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date 5/21/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1FALP52U0SA115593	Vehicle Make FORD	Vehicle Model TAURUS GL	Vehicle Year 1995
Current Odometer Reading 30,700	Purchase Date 8/26/94	Dealer's Name Dorisman Ford Car Inc	Engine Size (CID/CC) 3.2 No Cylinders 6
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Bethesda State MD Zip Code 20817	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Type <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utility Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/>	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 01 JAN 2000 6/28/95	Mileage at Failure(s) 2000 3,748	Vehicle Speed at Failure(s)
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured Driver only	Number of Fatalities none
Estimated Property Damage \$5,187.62	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE IN A PARKING LOT CONSUMER WAS TRYING TO SLOW DOWN, BUT INSTEAD STEPPED ON GAS PEDAL AND BRAKE PEDAL AT SAME TIME BECAUSE PEDALS WERE SO CLOSE TOGETHER. CONTACTED DEALER. *AK As I was attempting to park in a space at a commercial parking lot, my car all of a sudden accelerated and I crashed into a wall. Some people at the scene, thinking that the powder from the air bags was smoke, called the fire department. An ambulance and a policeman also arrived. I received a cut on my forehead and bruises to my knees and			
CONTINUE ON BACK IF NEEDED.			
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)

soft tissues in the chest area. The policeman arranged for my car to be towed to the nearest Ford dealer. When I picked up my car after the repair work (copy of the invoice is enclosed), I asked a service man if they found any defect in the brake while repairing it. He said no and thought that I had probably stepped on the accelerator instead of the brake. (Why I asked him about the brake, was the fact that one day a few years before when I owned a Ford Falcon, while at an intersection, I could hardly keep the car from accelerating by keeping my foot way down on the brake. When the light changed, I was fortunate enough to get to a gas station across the street. A service man said a spring had come loose and he quickly fixed it.) With regard to my present car (Taurus) again, about 2 years ago, my car started to accelerate while I was attempting to park it in another commercial parking lot. This time I was able to bring it under control but had to do so by pushing my foot way down on the brake and keep it there until the car stopped. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

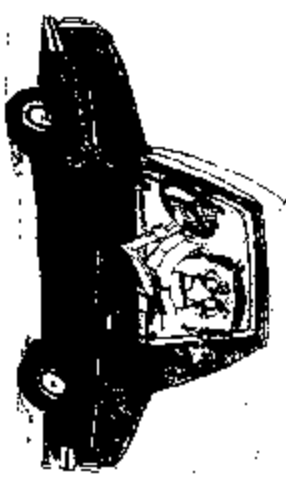
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration HTTP://www.nhtsa.dot.gov/hotline

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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