


Vehicle purchased at U.S. G.S.A. Auction. N.J.

 <b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> Date Received: 07-JAN-2003 Reference No. 10002268 OFFICE EFFECTS INVESTIGATION	
<b>OWNER INFORMATION (Type or Print)</b> Name: [REDACTED] Address: [REDACTED] City: YONKERS State: NY Zip Code: [REDACTED]		Repository <input type="checkbox"/> Daytime Telephone Number: [REDACTED] E-mail Address: Evening Telephone Number: [REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO To the absence of an [REDACTED] name or address to the vehicle manufacturer. Signature of Owner: [REDACTED] Date: 1/17/03			
<b>VEHICLE INFORMATION</b> Make: FORD Model: CROWN VICTORIA Model Year: 1996 Date Purchased: [REDACTED] Dealer's Name and Telephone Number: QUALITY FORD 914-699-0900 Original Owner: <input type="checkbox"/> Dealer's City: Mt. Vernon State: NY Zip Code: 10550 Engine: No: Cylinders: Fuel Type: Transmission Type: <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control Powertrain: Vehicle Component Code: 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY Multiple Failure:			
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b> Incident Date(s): 07-JAN-2003 Failure Mileage: Failure Speed:			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b> 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:			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b> Make: Date Manufactured: Model No./Name: Seat Type: Installation System: Child Seat Component Code: Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).) Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Persons Injured: Number of Deaths: Reported to Police: N			
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). CONSUMER STATES HAS THE 1996 FORD CROWN VICTORIA "POLICE INTERCEPTOR" MODEL. CONSUMER CONTACTED DEALER REGARDING RECALL REMEDY 021003000. THE DEALER ADVISED COULD NOT PERFORM REMEDY BECAUSE CAR IS NOT A PART OF A "FLEET" OF VEHICLES. DEALER STATED THEY ARE NOT ABLE TO EVEN ORDER PART. PART ORDER MUST COME FROM FLEET REPRESENTATIVE. TS Dealer also stated that my car is not involved in recall because it is not used in law enforcement.			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.			
<small>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.</small>			