



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 368-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY

| | |
|---------------------------------|-------------|
| Date Received 3/25/02 | Odor _____ |
| Reference No. _____ | n-d _____ |
| | od-r _____ |
| | up-lr _____ |

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

STREET NO. _____ APT. NO. _____
HALLANDALE **FLORIDA**
 CITY STATE
 ENTER ZIP CODE _____

ZIP CODE - 4 _____ AREA CODE _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
 Yes
 No

In the _____ name and address to the vehicle manufacturer.
 SIGN _____ DATE **03/13/02**

VEHICLE INFORMATION

| | | | | |
|--|---|---|--|--|
| VEHICLE IDENT. NO. (VIN) Located at bottom of windshield or driver's side 1FALP52U0SA284089 | VEHICLE MAKE FORD | VEHICLE MODEL TAURUS | MANUFACTURE DATE | MODEL YEAR 1995 |
| VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input checked="" type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW | | | | |
| PURCHASE DATE 03/31/00 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | DEALER'S NAME SANGRASS FORD | CITY SUNRISE | STATE FL |
| ENGINE SIZE (CID/CC/L) NO. CYLINDERS 06 | | FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection | FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas | TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic |
| ANTILOCK BRAKES <input type="checkbox"/> Yes <input type="checkbox"/> No | | RESTRAINT SYSTEM <input type="checkbox"/> Driver's Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt | | CRUISE CONTROL <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|---|---|---|
| DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear | VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle | DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door | BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon |
|---|---|---|---|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---|---|--|--------------------|
| COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Structure <input checked="" type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other <u>TRANSMISSION</u> | NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters). | |
| | INCIDENT DATE | TIRE NAME | COMPLETE TIRE SIZE |
| | MILEAGE AT INCIDENT | TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other | |
| | VEHICLE SPEED AT INCIDENT | <input type="checkbox"/> Original <input type="checkbox"/> Replacement | |
| HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | FAILED PART(S) AVAILABLE <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA PREVIOUSLY CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

APPLICABLE 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 | NUMBER OF PERSONS INJURED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Nasty <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken | RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration |
| | FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No | NUMBER OF FATALITIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | | |

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

EN. ENCLOSED PLEASE FIND MY COMPLAINT LETTER SENT TO FORD MOTOR COMPANY ON APRIL 24, 2001 NO ACTION WAS TAKEN. ON DEC 06, 2001, I TOOK MY CAR BACK TO THE DEALER TO BE FILED AS ONLY. THEY FAILED TO SO STATING THAT THE CARIS WERE NOT COVERED BY THE "QUALITY CARE EXTEND WARRANTY" AGAIN I FUDK MISLEAD BY BOTH (SANDERASS AND QUALITY CARE). NOW, I GET AN INSURE CAR AS THEY REFUSE TO FILE IT. I'M HOLDING THE PAYMENTS TO FORD CREDIT UNTIL YOU DECIDE WHAT SHOULD BE DONE CONCERNING THIS MATTER.

09/19/02

Continue on additional

Describe any additional incidents. Include date and mileage.

The Privacy Act of 1974—Public Law 93-502 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.

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10-01
400 7th Street, SW
Washington, DC 20590

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



VEHICLE OWNER QUESTIONNAIRE (V)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

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

www.nhtsa.dot.gov/hotline

Complete and return or place in your car manual for future use

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
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).**