

FOR AGENCY USE ONLY

Date Received	Officer
Reference No.	Officer
	Officer
	Officer



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 365-0123
INTERNET: <http://www.nhtsa.dot.gov>

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

CORRECT MARK: ●

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME LAST FIRST MIDDLE	ZIP CODE - 4	AREA CODE	
	1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0		

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 NOT provide your name and address to the vehicle manufacturer.

SIGNATURE OF OWNER: [Signature] DATE: 11-11-02

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO. (VIN)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
	Ford	Taurus	May 5 95	1995
VEHICLE MANUFACTURER				
<input type="radio"/> BMW <input checked="" type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
<input type="radio"/> New <input checked="" type="radio"/> Used	Tramen Evans	Orlando	FL	
ENGINE SIZE (CID/CC)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
3.8	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input type="radio"/> Yes <input checked="" type="radio"/> No
NO. CYLINDERS	RESTRAINT SYSTEM		CRUISE CONTROL	
6	<input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt		<input checked="" type="radio"/> Yes <input type="radio"/> No	
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE
<input checked="" type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear	<input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input type="radio"/> Hatchback <input checked="" type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input checked="" type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <u>Stalls</u>	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	3	TIRE NAME	COMPLETE TIRE SIZE
	INCIDENT DATE	TIRE BRAND	
	1-10-11-02 2PM 2-10-11-02 2:30PM	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
MILEAGE AT INCIDENT	VEHICLE SPEED AT INCIDENT	FAILED PART(S)	
18242	1-10MPH 3.55MPH 2.15MPH	<input type="radio"/> Original <input type="radio"/> Replacement	

HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT <input type="radio"/> Worn/Corroded/Rust <input type="radio"/> Noisy <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input checked="" type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	<input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES 0 1 2 3 4 5 6 7 8 9		

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

10-11-02

#1. Pulling Out Of Parking Lot
On To 3 Lane Highway
#2. Same As Above 1/2 Hr Later
Stalled In Roadway @
3 Lanes Of Traffic Coming
After Light Changed. We
Were In The Middle Of The
Block. (Police Car As Witness)
Orlando Fl Mich Ave Between
Orange And Delaney Streets

#3. 11-10-02 Traveling North
On Highway 491 Orlando Fl
Traveling Approx 50-55 MPH
Motor Started To Miss And
In 10 Seconds Quit. I Was In
The Inside Lane And Managed
To Get To The Curb Side Turning
Right. R.R. Crossing In Front.
With Help From Others Was Able To
Get Off Road With Train Coming.
RR Gate Came Down On Left Side Of
Car.

Police Officer Will Show me Of Orlando
Police Was At The Scene

Describe any additional accidents, (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.

Marked by NCS BN-25525-1-00-001 HPS Printed in U.S.A.
© Copyright 1999 by National Computer Systems, Inc. All rights reserved.
HS Form 350 (Rev. 8/99)



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 78178 WASHINGTON, D.C.
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.
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

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



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

www.nhtsa.dot.gov/hotline

**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).**