



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

2003 APR 25
26 APR 2003

Repository ☐

File No.
10012518

OWNER INFORMATION (Type or Print)

Name

Address

City

SPRING HILL

State

FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 04/15/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2FMDA5146TBA94865

Make
FORD

Model
WINDSTAR

Model Year
1996

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner ☐

Dealer's City

HARRISON

State

MD

Zip Code

6

REGULAR

Transmission Type

☒ Antilock Brakes

Powertrain

AUTO

☒ Cruise Control

YES

Vehicle Component Code

034200 SERVICE BRAKES, HYDRAULIC: FOUNDATION COMPONENTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

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).

WHILE DRIVING 25-35 MPH THE BRAKE PEDAL WENT TO THE FLOOR WHEN DEPRESSED. THE MECHANIC INDICATED THAT THE BRAKE LINE CLAMP RUSTED AND CAUSED A LEAK. *NUM -- REWRITTEN -- WIFE DRIVING FROM HAD. SHE

NOTED BRAKE SOFT-SPONGY-WORRIED ABOUT DRIVING-GOT HOME--
CHECKED NEXT DAY-BRAKE PEDAL TO FLOOR--FORD WINDSTAR
LOCAL NOTED-SENT TO AUTOMART FOR EVALUATION-TECH SAID ALL
BRAKE LINING'S CORRODED-SENT TO MECHANIC (SLE BILL)-FORD
STATED BRAKE LINES WERE NOT IN RECALL-32643 CONTACTED
DOT.-

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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 an administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

**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).**