



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 1368

Date Received: 2003 MAY -7 09:00 AM '03
Repository:
Reference No.: 10015160

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: DELMAR State: NY Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 4/24/03

VEHICLE INFORMATION

Make: MERCURY Model: TRACER Model Year: 1997
Date Purchased: 7-99 Dealer's Name and Telephone Number: LAZARE Lincoln Mercury Inc
Original Owner: Dealer's City: WOLF RD - ALBANY State: NY Zip Code: 12205
Engine: No. Cylinders: [REDACTED] Fuel Type: [REDACTED]
Transmission Type: Anti-lock Brakes Powertrain: [REDACTED] Vehicle Component Code: 141000 AIR BAGS:FRONTAL
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 2/10/03 Failure Mileage: 82,000 Failure Speed: 30 MPH
air BAG DID NOT Deploy

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: D0THAL3ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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

Crash: Yes No Fire: Yes No
Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: Y

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).

THE VEHICLE WAS INVOLVED IN A FRONTAL COLLISION, AND THE AIR BAGS FAILED TO DEPLOY. THE CONSUMER WAS INJURED. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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)

The airbag did not deploy + I fractured my
sternum. Four days after the accident, I
received a recall letter from Ford Motor Co. I missed
two months of work, I am still having trouble with
pain + the other car took 100% responsibility
for the accident.

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



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 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, NVS-216
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

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.safercar.gov>

**ALBANY POLICE DEPARTMENT
RIGHTS OF VICTIMS OF FAMILY OFFENSES**

Lutz

If you are the victim of domestic violence, you may request that the officer assist in providing for your safety and that of your children, including providing information on how to obtain a temporary order of protection. You may also request that the officer assist you in obtaining your essential personal effects and taking you, or assist in making arrangements to take you, and your children to a safe place within each officer's jurisdiction. This may include a domestic violence program, a family member's or a friend's residence, or a shelter place of safety. If you or your children are in need of medical treatment, you have the right to request that the officer assist you in obtaining such medical treatment. You have the right to seek legal counsel of your own choosing and if you proceed in family court, and if it is determined that you cannot afford an attorney, one must be appointed to represent you without cost to you.

You may ask the law enforcement officer how to proceed in order to prosecute this criminal complaint. You have the right to file a petition in family court when a family offense has been committed against you. Either or both, Family court and Criminal court may issue an order of protection when a family offense has been committed. You may also petition Family court for temporary child support and/or custody of your children.

Albany County Family Court is located at 1 Von Trapp St. between Pearl Street and Broadway. To sign a Court Information, you must bring your copy of the Domestic Incident Report (pink copy) to the Albany Police Department - South Station on Arch Street.

The resources available in this community for information relating to domestic violence, shelters, referrals are listed on the other side of this form. The New York State Coalition Against Domestic Violence Hotline is (English) 1-800-942-6906, (Spanish) 1-800-942-6908.

Officer: _____
 Incident #: _____
 Complainant's Name: _____
 Complainant's Signature: _____
 Date: _____

**ALBANY POLICE DEPARTMENT
DOMESTIC VIOLENCE PROGRAM**
 1 Morton Ave., Albany 12202
 (518) 447-8770

**EQUINOX INC.
DOMESTIC VIOLENCE SERVICES**
 95 Central Avenue, Albany 12206
 24 Hour Hotline (518) 432-7865

HOMELESS AND TRAVELER'S AID
 142 State St., Albany 12207
 (518) 463-2124

**ALBANY COUNTY COMPREHENSIVE
CRIME VICTIMS ASSISTANCE PROGRAM**
 112 State Street - Room 1110, Albany 12207
 (518) 447-5500

ALBANY COUNTY RAPE CRISIS CENTER
 112 State Street Room 1100, Albany 12207
 24 Hour Hotline(518) 447-7716 Office (518) 447-7100

UNITY HOUSE DOMESTIC VIOLENCE SERVICES
 3215 Sixth Ave., Troy
 Hotline (518) 272-2370 Office (518) 272-5917

SCHENECTADY YWCA DOMESTIC VIOLENCE PROGRAM
 44 Washington Ave., Schenectady 12305
 (518) 374-3394

RENSSELAER COUNTY RAPE CRISIS
 Troy
 Hotline (518) 272-2370

**FILING A CRIMINAL COMPLAINT OR A FAMILY COURT PETITION
CONTAINING ALLEGATIONS THAT ARE KNOWINGLY FALSE IS A CRIME.**

INCIDENT/ACCIDENT REFERRAL

Date of Incident/Accident: 2/10/03 Incident # [REDACTED]

Name: [REDACTED] DOB: [REDACTED]

Address: [REDACTED]

License Plate: [REDACTED] State: NY Insurance Code: 290

Location: Ormond St / Buckingham Dr

Officer: [REDACTED] Shield/Pin: [REDACTED]

Type of Accident / Report

<input checked="" type="checkbox"/> PDAA	<input type="checkbox"/> PIAA
<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> FATAL
<input type="checkbox"/> SIR	<input type="checkbox"/> NO REPORT

For Copies of Reports:

Other Albany Police Department Numbers:

Copies of reports are available after 2-3 business days at:
**Public Safety Building
 Administrative Services
 165 Henry Johnson Boulevard
 Albany, NY 12210**

Emergency: 911
 Non-Emergency: 438-4000
 Public Safety Commissioner: 462-8013
 Chief of Police: 462-8012
 South Station: 462-8049
 North Station: 462-8685
 Center Station: 458-5661
 West Station: 458-9148
 Traffic/Special Operations: 458-5675

Make sure you have proper ID and the above incident number on hand or you can contact 447-8769 or 462-8019.

Ford Motor Company

P.O. Box 1904
Dearborn, Michigan 48121-1904

UNSORTED
FIRST CLASS



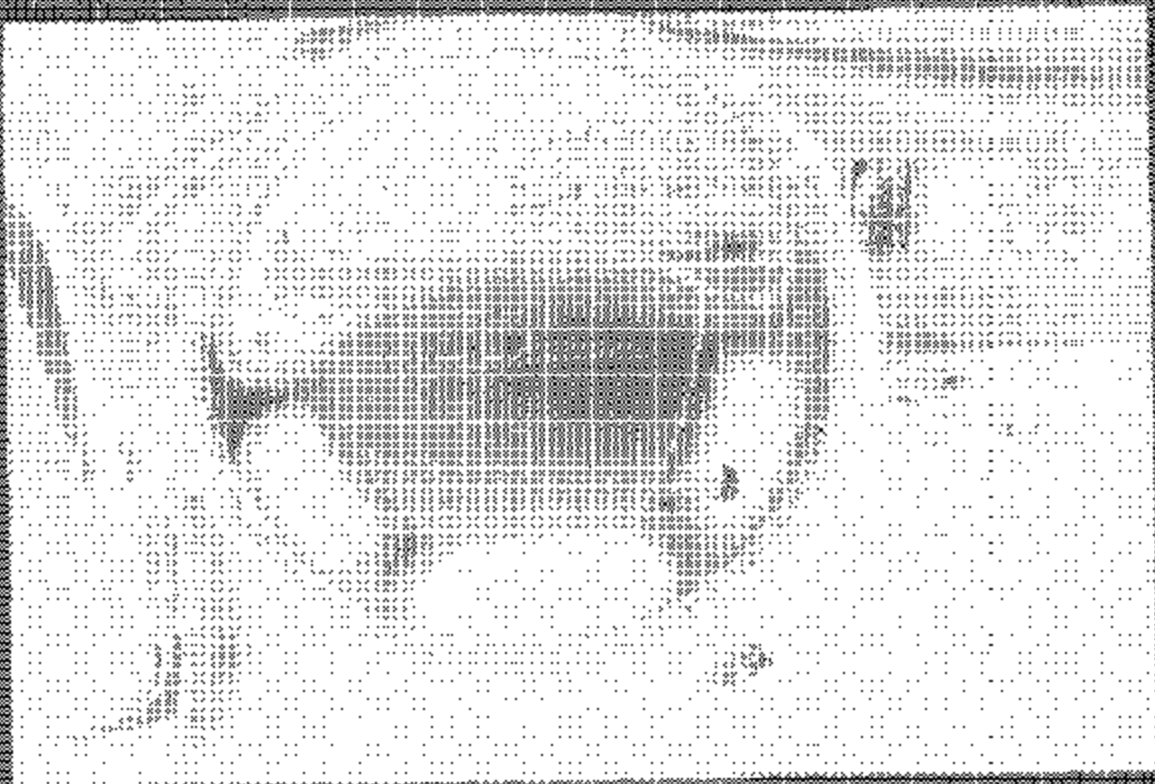
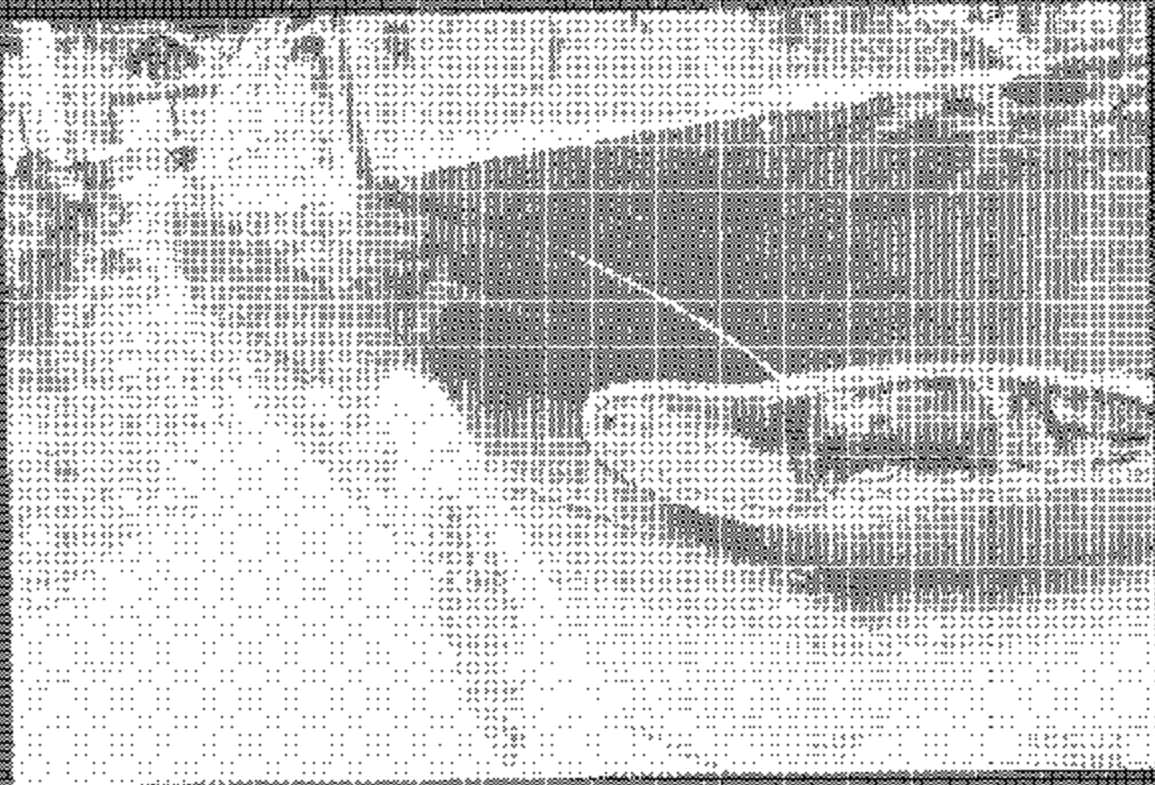
SAFETY RECALL NOTICE

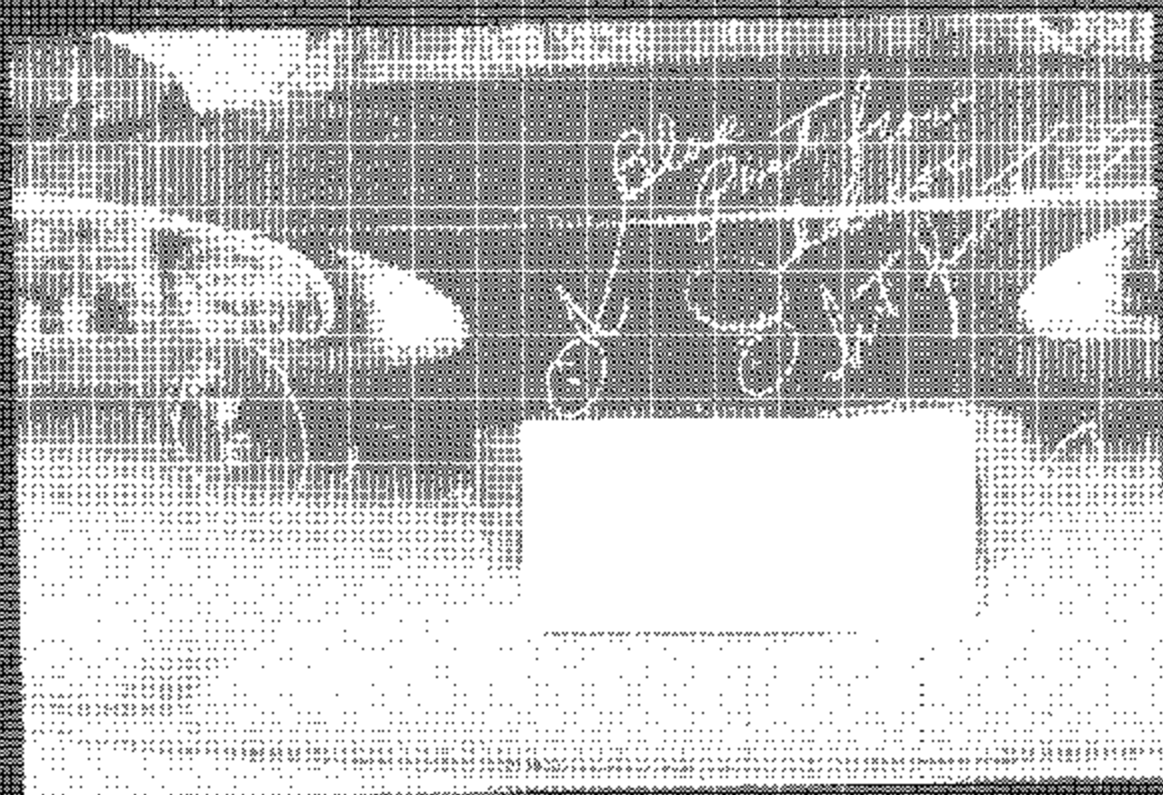
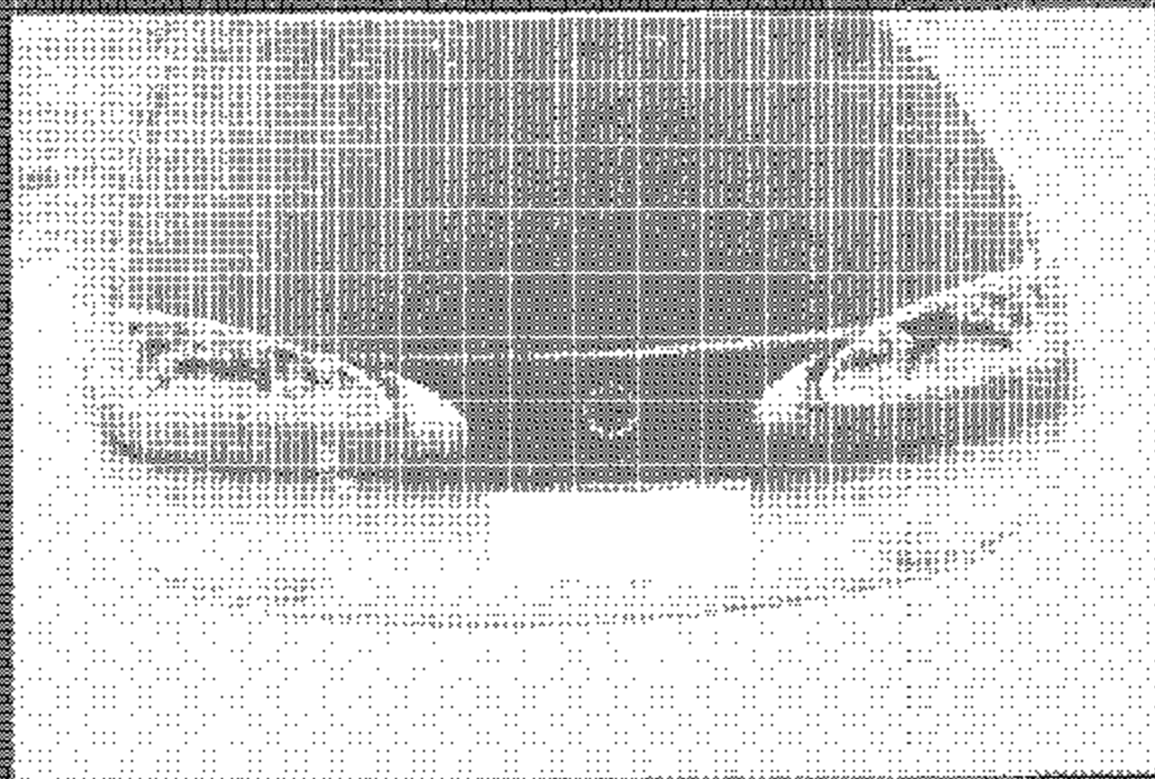


1205 07 02/19/05
NOTIFY SENDER OF NEW ADDRESS

DELMAR NY







**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).**