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 100145

Date Received	Repository
2003 JUN 27 20-MAY-2003	☐
Daytime Telephone Number	Reference No. 10020158
Evening Telephone Number	E-mail Address

OWNER INFORMATION (Type or Print)

Name
Address
City SOMERVILLE | State MA | Zip Code

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 forward your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/19/03

VEHICLE INFORMATION

Make	Model	Model Year
FORD	TAURUS	1999

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
9/1999	YORK FORD	6	UNL.

Original Owner	Dealer's City	State	Zip Code
☒	SAUGUS	MA	

Transmission Type		Powertrain	Vehicle Component Code
A	☒ Antilock Brakes ☒ Cruise Control	3.0L 24V V6	021210 SUSPENSION:FRONT:SPRINGS:COIL SPRINGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-MAY-2003	67000	10 MPH	FRONT PASS. COIL SPRING

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ 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	0	0	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, THE FRONT COIL SPRING FRACTURED AND CUT THROUGH THE TIRE. *JB
OWNER PAID TO REPLACE BOTH FRONT COIL SPRINGS AND DAMAGED TIRE.

REPAIR ORDER CODE:
2 XFIZ*5310*AA SPG-FRT 24.7/4443/14.5 (RAY)

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