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 1000179

[redacted]

Date Received: 30-MAY-2003 2003 JUN 27 P 12:21

Report No.

Reference No.

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: ELKHORN | State: WI | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address: [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 [illegible] provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 6/18/03

VEHICLE INFORMATION

[redacted]
Make: FORD
Model: TAURUS
Model Year: 1999
Date Purchased: 3-01
Dealer's Name and Telephone Number: ELKHORN MOTORS INC (262) 723-7131
Engine: 3 LTR No. Cylinders: 6
Fuel Type: UNLEADED
Original Owner: ☐
Dealer's City: ELKHORN | State: WI | Zip Code: 53121
Transmission Type: AUTOMATIC
☒ Antilock Brakes ☒ Cruise Control
Powertrain:
Vehicle Component Code: 021210 SUSPENSION:FRONT:SPRINGS:COIL SPRINGS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-MAY-2003	44475	0	FRONT LEFT COILSPRING - SUSPENSION - BROKE. DAMAGED FRONT LEFT TIRE.

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: DOTMA1SABC0036):
☐ 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), Fire(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 (e.g., parts repaired or replaced (and if old part is available).

WHILE GETTING INTO THE VEHICLE CONSUMER HEARD A LOUD CRACK, AND FOUND LEFT SIDE COIL SPRING PUNCTURED THE TIRE. DEALER NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION.*AK

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

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).