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 100161

Date Received	Repository
2003 OCT -1 AM 11:25 22-AUG-2003	Reference No. 10034285

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address	[redacted]		
City NAMPA	State ID	Zip Code [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 a [redacted] *e or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 9/30/03 09/03/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1ZVPT20CXM5177821	FORD	PROBE	1991

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
4-17-03	DAN WIEBOLD FORD 2084664615			No: Cylinders	Reg.
Original Owner ☐ NO	Dealer's City NAMPA	State ID	Zip Code 83651		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control		151300 SEAT BELTS:FRONT:RETRACTOR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-AUG-2003			

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: DOTMAL9ABC036)	☐ 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).

THE CONSUMER WAS REFERRED TO THE DEALER BY AN AUTO REPAIR SHOP FOR RECALLS ON THE SEAT BELTS. DEALER STATED THAT VEHICLE WAS IN THE REMEDY SCOPE, BUT THE RECALL HAD EXPIRED. DRIVER AND PASSENGER SIDE SEAT BELTS DID NOT RETRACT PROPERLY. RECALL# 96V172001 AND 96V172002 SUBJECT: AUTOMATIC SHOULDER BELT.*AK

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