



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

27-APR-2004

Repository

Reference No.

10071639

OWNER INFORMATION (Type or Print)

Name

Address

City

FREDERICK

State

MD

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact the manufacturer of your vehicle?  
In the absence of an authorized representative, provide your name or address to the vehicle manufacturer.

YES  NO

Signature of Owner

Date 5/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FALP5350TA103961

Make  
FORD

Model  
TAURUS

Model Year  
1998

Date Purchased

Dealer's Name and Telephone Number

FSK Lincoln Mercury

Engine:  
No. Cylinders

6

Fuel Type:

GAS

Original Owner

Dealer's City

Frederick

State

MD

Zip Code

21707

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)

25-APR-2004

Failure Mileage

66600

Failure Speed

ZERO

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: DOTM19ABC036)

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

Yes  No

Fire

Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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 PARKED FRONT DRIVER SIDE COIL SPRING BROKE. AS A RESULT, THE TIRE WAS PUNCTURED. \*AK

Coil Spring snapped into two pieces. also upper Bracket had to be replaced, car had to be towed to garage to be repaired. Replaced both front coil springs so that the other side would not break. The coil spring failed while car was at rest with no one in the vehicle. If this would have happened at highway speed the results would have been a severe car wreck. Repair Cost - \$658

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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 administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.