



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100164

Date Received **2004 JUL 24-MAY-2004**

Repository
Reference No. **45**
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OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **WANTAGH** State **NY** Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]**
Evening Telephone Number **[REDACTED]**

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner **[REDACTED]** Date **6/7/04**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **2FALP73W71 [REDACTED]** Make **PORV** Model **CROWN VICTORIA** Model Year **1998**
Date Purchased **Nov. 1996** Dealer's Name and Telephone Number **COUNTRY FORP** Engine: No. Cylinders **B** Fuel Type: **GAS**
Original Owner Dealer's City **Lanettown N.Y.** State **NY** Zip Code **[REDACTED]**
Transmission Type **AUTO** Antilock Brakes Cruise Control Powertrain **[REDACTED]** Vehicle Component Code **034200 SERVICE BRAKES; HYDRAULIC; FOUNDATION COMPONENTS**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **24-MAY-2004** Failure Mileage **50823** Failure Speed **[REDACTED]**

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: DOTM4LSABC038) **[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(ies).)

Crash Yes No Fine 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).

REAR STEEL BRAKE LINES RUSTED. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

This report is prepared by the Traffic Safety Act and subsequent termination whether a Manufacturer is against a manufacturer, your response.