



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 100147

Date Received

23 JUL 2004  
2004 SEP 20

Repository

Reference No.  
10083533

**OWNER INFORMATION (Type or Print)**

Name

Address

City WHITESTONE

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date

**VEHICLE INFORMATION**

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

2FALP74W9X

Make  
FORD

Model  
CROWN VICTORIA

Model Year  
1983

Date Purchased  
8-23-95

Dealer's Name and Telephone Number  
SATURN OF STATEN ISLAND 718 419 8900

Engine:  
No. Cylinders  
6

Fuel Type:  
GAS

Original Owner  
 NO

Dealer's City  
NYC

State  
NY

Zip Code

Transmission Type  
AUTOMATIC

Antilock Brakes  
 Cruise Control

Powertrain

Vehicle Component Code

162810 STRUCTURE:BODY:HOOD:HINGE AND ATTACHMENTS

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)  
22-JUL-2004

Failure Mileage  
68,000

Failure Speed  
55 MPH

**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: DOTM123ABC036)

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

NONE

NONE

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).

WHEN DRIVING AT AN UNDETERMINED SPEED HOOD OPENED. THIS CAUSED CONSUMER TO PULL OFF THE ROAD. CONSUMER WAS ABLE TO TIE DOWN THE HOOD AND DROVE THE VEHICLE HOME. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-579 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 response 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 response, or a statistical summary thereof, may be used in support of the agency's action.

PO BOX 9500  
CENTRAL ISLIP, NY 11749-9500



L CODE  
258

CHECK NUMBER 14880133	ISSUE DATE 07/29/04
CHECK AMOUNT 2096.41	BLOCK NUMBER 000723

PAGE 1 OF 1

ACCIDENT DATE: 10/24/04

INSURED NAME:  
CLAIMANT NAME:

OSM: W0101072901-000723  
CLAIM NUMBER: 00472279-0001  
POLICY NUMBER: A02-228-893163-003  
INSURED: OPERATOR:

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
COMPREHENSIVE			2096.41	2096.41	
TOTAL CHARGE:				2096.41	
TOTAL PAID:				2096.41	
TOTAL DEDUCTIBLE:				200.00	
TOTAL WITHHOLDING:				0.00	
CHECK AMOUNT:				1896.41	

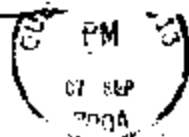
NOTES  
ENCLOSED IS OUR PAYMENT FOR YOUR PROPERTY DAMAGE. YOU SHOULD PRESENT OUR APPRAISAL TO YOUR GARAGE WHEN THE CAR IS BROUGHT IN FOR REPAIRS.

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



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1-888-327-4236

DASH2DOT  
and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

VEHICLE  
OWNER'S

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