



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 1367

Date Received

Repository

2004-2004  
2004 AUG 31

Reference No.

PH 103304

**OWNER INFORMATION (Type or Print)**

Name

Address

City

SEVERN

State

MD

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?  
In the absence of an e-mail or address to the vehicle manufacturer,  YES  NO

Signature of Owner

Date

8/18/04

**VEHICLE INFORMATION**

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

1FALP52U7TA

Make

FORD

Model

TAURUS

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

021210 SUSPENSION:FRONT:SPRINGS:COIL SPRINGS

Multiple Failure: 1

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

Incident Date(s)

02-JUL-2004

Failure Mileage

176000

Failure Speed

**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: DOTM18ABC038)

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

Number of Deaths

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 REVERSING CONSUMER FOUND A PIECE OF THE BROKEN COIL SPRING ON THE GROUND OF THE GARAGE. DRIVER SIDE COIL SPRING BROKE, AND THE COIL PUNCTURED THE FRONT DRIVER SIDE TIRE. RECALL 04V322000 WAS ISSUED, BUT THIS VEHICLE WAS NOT INVOLVED IN THE RECALL DUE TO VIN. \*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 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, or a response, or a statistical summary thereof, may be used in support of the agency's action.