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

U.S. Department of Transportation
National Highway Traffic Safety Administration

FOR AGENCY USE ONLY	100216
Date Received: 19-AUG-2004 / 2004 SEP 14 AM 9:13	Repository
	Reference No.: 10089310

OWNER INFORMATION (Type or Print)

Name	DONAL AUSTIN
Address	421 LEVANNA ROAD
City	AURORA
State	NY
Zip Code	
Daytime Telephone Number	
Evening Telephone Number	
E-mail Address	

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: 9/1/04

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1MELM50U35A	MERCURY	SABLE	1995

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
03/24/00	H+L Ford, Inc 315-252-7255	6	

Original Owner	Dealer's City	State	Zip Code
☐	Auburn	NY	13021

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Front wheel drive	021210 SUSPENSION:FRONT:SPRINGS:COIL SPRINGS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-NOV-2001	[illegible]		Car was sitting in drive, was not moving. Spring, Broken bolts, [illegible] arm

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).

WHILE THE VEHICLE WAS PARKED, THE CONSUMER NOTICED THAT THE FRONT COIL SPRINGS WERF BROKEN. THE VEHICLE WAS TOWED TO THE DEALER FOR INSPECTION. THE MECHANIC INFORMED THE DRIVER THAT THE FRONT COIL SPRINGS WERE BROKEN AND NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER DETAILS. *JB The passenger side of vehicle dropped down on the tire. The spring broke, & the ~~[illegible]~~ suspension arm, plus other damage. This repair was done within the two week time span before the rear springs were found. This repair was done a H+L Ford Inc. At a cost estimated at $850.00. At this time I ~~[illegible]~~ did not find a receipt. H+L Inc. should have it on there computers.

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