DOT Auto Safety Hotline

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

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 100218

Date Received	Repository
2004 SEP 14 18-AUG-2004	Ref 8-25 Reference No. 10086317

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City AURORA / State NY / Zip Code [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 [redacted] me or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1MELM60U36A[redacted]	MERCURY	SABLE	1986

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
03/24/00	H & L Ford Inc 315-252-7253	No. Cylinders 6	
Original Owner ☐	Dealer's City Auburn / State NY / Zip Code 13021		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Front Wheel Drive	022110 SUSPENSION:REAR:SPRINGS:COIL SPRINGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
21-NOV-2001	Exact 96547	?	Failure found during rotation of tires.

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: DOTMAISABCD38)	☐ 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 DRIVING, THE CONSUMER HEARD A LOUD NOISE COMING FROM THE REAR. THE CONSUMER TO THE VEHICLE TO A MECHANIC FOR AN INSPECTION. THE MECHANIC INFORMED THE CONSUMER THAT THE REAR COIL SPRINGS WERE BROKEN AND NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER DETAILS. "B

Failure was found when car was rotating tires. Car was taken to H&L Ford [redacted] Both rear springs were broken at the top just Coil Springs Set Struts had to be replaced. This car was inspected by H&L Ford April 16, 2001. and again on April 18, 2001. Paid H&L $594.62 on Nov 15, 2001

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