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 1373

Date Received	Repository
17-SEP-2004 2004 OCT 15 AM 10: 11	☐
Reference No: 10092818	

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: WALNUT CREEK	State: CA	Zip Cod	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 a [illegible] address to the vehicle manufacturer.
Signature of Owner [illegible] Date 10/7/04

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2FALP74W2VX	FORD	CROWN VICTORIA	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
1997	WALNUT Creek Ford			No. Cylinders	
Original Owner ☐	Dealer's City: Walnut Creek	State: CA	Zip Code: 94595	8	Reg

Transmission Type		Powertrain	Vehicle Component Code
Auto	☑ Antilock Brakes ☐ Cruise Control		152000 SEAT BELTS:REAR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-SEP-2004	50 000		

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: DOTMALSABC036)	☐ 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			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 SEAT BELT DIDN'T WORK. WHEN THE BELT WAS PULLED OUT IT ONLY CAME OUT PART OF THE WAY. *AK

All Attempts To Get More Slack - Fail — Directions Followed To The letter - Both rear Shoulder belT Suffer SAME condition.

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