



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 241

Date Received

06 JAN 2005

Repository

1-52
Reference No.
10106958

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City ELYRIA

State OH

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number [REDACTED]

NONE

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, please print the name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 01/24/05

VEHICLE INFORMATION

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

1FAPP52U0WG [REDACTED]

Make FORD

Model TAURUS

Model Year 1998

Date Purchased 06-AUG-98

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

UNLEADED

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

AUTOMATIC

Cruise Control

FRONT WHEEL DRIVE

Vehicle Component Code

021210 SUSPENSION:FRONT:SPRINGS:COIL SPRINGS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 06-FEB-2004

Failure Mileage 68471

Failure Speed 15

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

QUASAR

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

P215/65R15

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

SIDE PUNCTURED BY BROKEN SPRING

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 0

Number of Deaths 0

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 DRIVING 15 MPH CONSUMER HEARD A LOUD NOISE, AND THEN VEHICLE'S FRONT SHIFTED DOWN ON THE DRIVER'S SIDE AND STOPPED MOVING. VEHICLE WAS TOWED TO A REPAIR SHOP, AND MECHANIC DETERMINED THAT THE FRONT COIL SPRING BROKE, DAMAGED THE SWAY BAR, AND PUNCTURED THE FRONT TIRE ON DRIVER'S SIDE. DEALER WAS NOTIFIED.*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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).