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 100222

Date Received	Repository
23-MAR-2005 2005 MAY 18 AM 8:14	Reference No. 10115573

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City MILLEN	State GA	Zip Code	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[n] ... name or address to the vehicle manufacturer.
Signature of Owner _____ Date 4-11-05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP53U5XG	FORD	TAURUS	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	MIZELL FORD 708-554-2114			No. Cylinders	Gas
Original Owner ☐	Dealer's City WAYNESBORO	State GA	Zip Code 30830		

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	
23-MAR-2005	92000		

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: DOTMAL9ABC038)	☐ 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).

CONSUMER RECEIVED RECALL 04V332000 CONCERNING COIL SPRINGS WHICH WAS MANDATED BY LOCATION. CONSUMER TOOK THE VEHICLE TO DEALER FOR THE RECALL REPAIRS, AND WAS TOLD THIS VEHICLE WAS NOT INCLUDED AND REFUSED TO DO REPAIRS. CONSUMER CONTACTED MANUFACTURER, WHO STATED THAT CONSUMER'S VEHICLE WAS INCLUDED IN THE RECALL, AND REPAIRS SHOULD BE MADE. *AK

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