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 100148

Date Received: 2005 SEP 29 AM 4: 01
01-SEP-2005

Repository ☐

Reference No. 10135047

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City SPENDALE State NC Zip Code [redacted]

Daytime Telephone Number [redacted]

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 [illegible] provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 9/15/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
[illegible][redacted]	FORD	TAURUS	[illegible]

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
		No: Cylinders 8	Gas

Original Owner	Dealer's City	State	Zip Code
☐			

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
26-AUG-2005	66000	

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			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).

DT: THE BRAKE LINES TUBING RUSTED FROM THE OUTSIDE. H HAD ONE POP AND LOST THE BRAKES. HAD TO TAKE A SECTION OUT. TALKED TO DEALER, THEY SAID NOTHING THEY COULD DO. THIS HAPPENED ON AUGUST 26, 2005. WAS PULLING IT INTO THE SHED CHANGED THE OIL AND THE BRAKE PEDAL WENT ALL THE WAY TO THE FLOOR. *AK

#3 REPLACED TUBE ASSY. F8DZ-2C287/AA, F6DZ-2L568/AA
F8DZ-2L569/AA

REPLACED
FACTORY PARTS TO PREVENT FURTHER FAILURE OLD PARTS AVAILABLE

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