2FLP74W8VX [redacted]

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	Repository
2005 NOV 15 AM 9:56 21-OCT-2005	Reference No. 10140437

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	Evening Telephone Number	
City HAMPTON	State VA	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 [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/30/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2FALP74W8VX[redacted]	FORD	CROWN VICTORIA	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-APR-04				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	127000 EXTERIOR LIGHTING:HAZARD FLASHING WARNING LIGHTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-OCT-2005	99400		

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: DOTMALBABC036)	☐ 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), Cause(s), 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 CONTACT STATED THE FLASHING HAZARD WARNING LIGHTS AND THE TURN SIGNALS MALFUNCTIONED. THIS HAPPENED WITHOUT ANY PRIOR OCCURRENCES OR WARNING. THE CONTACT DISCOVERED THE LIGHTS WERE CONNECTED TO A LARGE CONTROL MODULE INSTEAD OF A SIMPLE FUSE. THE VEHICLE HAS NOT BEEN TO A DEALER FOR REPAIRS. THERE WAS NO EXPLANATION AS TO WHY THIS PROBLEM OCCURRED. *AK

After wiggling the Tune signal Lever Threw Different positions and PRESING on the Hazard/ Warning switch. The signal Lights, and HazaRoard Warning Flasher begaing to work. But The Bright Lights have to Be Held in Position.

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