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

2005 DEC 27 PM 2:43

FOR AGENCY USE ONLY 100148	
Date Received 18-NOV-2005	Repository ☐
	Reference No. 10143127

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City HERKIMER	State NY	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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 11/29/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2FALP74W6	FORD	CROWN VICTORIA	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
7/01	SKINNER SALES INC. 315-866-3530			No. Cylinders 8	Gas
Original Owner ☐	Dealer's City HERKIMER	State NY	Zip Code 13350		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
11-NOV-2005	76000	7mph	Passenger side Lower Ball Joint

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), 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 CONTACT STATES THERE IS NHTSA RECALL CAMPAIGN 96V322000 CONCERNING THE LOWER BALL JOINT. THIS VEHICLE IS EXPERIENCING THE SAME PROBLEMS AS INDICATED IN THE RECALL, BUT IS NOT INCLUDED IN THE RECALL DUE TO VIN. THE CONTACT REPAIRED THE VEHICLE AT HIS OWN EXPENSE. *AK

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