



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

2006 FEB 13 AM 2:52
27-JAN-2006

Reference No.
1014885D

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: COLUMBUS State: OH Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

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: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2FALP73V [REDACTED]
Make: FORD Model: CROWN VICTORIA Model Year: 1995
Date Purchased: 07-DEC-94 Dealer's Name and Telephone Number: GRAHAM FORD Engine: No: Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: COLUMBUS State: OH Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 034200 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 26-JAN-2006 Failure Mileage: 78000 Failure Speed: 8

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: DOTM19ABC036): _____ 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 check or insert the incident(s), failure(s), service(s), and injury(s).)

Crash: Yes No Fire: Yes No Number of Persons Injured: _____ Number of Deaths: _____ 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).

DT*: THE CONTACT STATED WHILE DRIVING THE VEHICLE AT 8MPH, THE BRAKE LIGHT ILLUMINATED. THE CONTACT DEPRESSED THE BRAKE PEDAL. THERE WERE NO BRAKES; THE VEHICLE WAS DRIVEN HOME WITHOUT ANY BRAKES. UPON INSPECTION OF THE MASTER CYLINDER THE BRAKE FLUID WAS 3/4 EMPTY. THE VEHICLE WAS INSPECTED FURTHER AND THE PROBLEM WAS THE TUBING THAT HOLDS THE BRAKE FLUID WAS CORRODED AND CRACKED, CAUSING THE FLUID TO LEAK OUT. THE MANUFACTURER WAS ALERTED.

IN ADDITION!

FORD TOOK NO ACTION; I WAS REFERED TO DEALER -
DEALER TOOK NO ACTION RESULTING FROM NO
RECORD OF SERVICE.
CONT'D.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

FLUID LINE WAS REPLACED FROM MASTER CYLINDER
TO VALVE ON REAR WHEEL. (15 FEET OF FLUID LINE)
CORROSION OF LINE WOULD BE ELIMINATED
IF STAINLESS LINES WERE USED (MUCH SAFER)
AUTO NOW SOLD - NEW VEHICLE PURCHASED!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

COLUMBUS OH

06 FEB 2006 PM 3 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

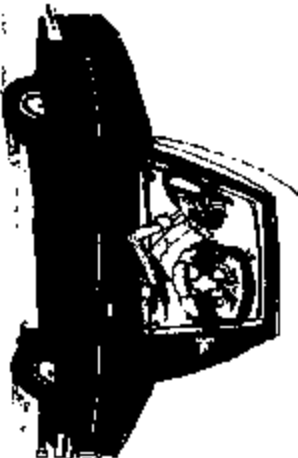
DASH2DOT

and dial toll free at

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