



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 [ ]

2007 MAR 26 AM 7:41
28 JUN 2006

Reference No.
10160972

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Address [REDACTED]

Evening Telephone Number SAME

City RONKONKONA

State NY

Zip Code [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [ ] YES [X] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at Bottom of windshield on driver's side
2FALP74W6PX [REDACTED]

Make FORD

Model CROWN VICTORIA

Model Year 1993

Date Purchased 01-JAN-03

Dealer's Name and Telephone Number BURNS FORD

Engine: No: Cylinders 8

Fuel Type: Gas

Original Owner [ ]

Dealer's City HUNTINGTON

State NY

Zip Code 11743

Transmission Type AUTOMATIC

[X] Antilock Brakes
[X] 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) 28-JUN-2006

Failure Mileage 107113

Failure Speed

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 describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)

Crash

Fire

Number of Persons Injured 0

Number of Deaths 0

Reported to Police N

[ ] Yes [X] No

[ ] Yes [X] No

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 BRAKE FLUID LEAKED OUT OF THE REAR BRAKE LINE CAUSING THE BRAKES TO BECOME INOPERATIVE. WHEN THE BRAKE PEDAL WAS DEPRESSED, THE PEDAL WENT ALL THE WAY TO THE FLOOR. THERE IS AN NHTSA RECALL, # 961002000, REGARDING THE SERVICE BRAKES, HYDRAULIC: FOUNDATION COMPONENTS: HOSES, LINES/PIPING, AND AND FITTINGS. THE VIN WAS NOT INCLUDED IN THE RECALL.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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 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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).