



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 07 JAN 19 AM 9:10
19-OCT-2006
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OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED] Evening Telephone Number [REDACTED]
City SODUS State NY Zip Code [REDACTED]

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of an authorized representative, please provide the name and address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 1/2/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FALP57UXTG [REDACTED]
Make FORD Model TAURUS Model Year 1996
Date Purchased 09-OCT-05 Dealer's Name and Telephone Number CAM AUTOMOTIVE (624)
Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City WILLIAMSON State NY Zip Code 14589
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 021210 SUSPENSION:FRONT:SPRINGS:COIL SPRINGS
Multiple Failure: 1 (2)

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-OCT-2006 Failure Mileage 47898 Failure Speed 55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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 as it's 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 55 MPH ON NORMAL ROAD CONDITIONS, A CLICKING NOISE WAS HEARD COMING FROM THE FRONT END, AND ALSO HAD STEERING DIFFICULTIES. NO WARNING LIGHTS WERE ILLUMINATED. THE CONTACT TOOK THE VEHICLE TO THE NEAREST AUTO REPAIR SHOP WHERE A CERTIFIED MECHANIC DETERMINED THE TWO FRONT COIL SPRINGS FRACTURED. THE DEALERSHIP WAS CONTACTED, AND INFORMED THERE WAS NO RECALL FOR THE VEHICLE. THE MANUFACTURER WAS ALSO CONTACTED, AND COINCIDED WITH THE DEALERSHIP INFORMATION. THE CONTACT WAS VERY CONCERNED BECAUSE THE MECHANIC INFORMED ABOUT INCIDENTS WHERE THE TIRE WAS PUNCTURED BY THE FRACTURED COIL AND THE VEHICLE LOST CONTROL OF THE STEERING.

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 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.