



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

2008 JAN 11 AM 7:20  
01-NOV-2007

Reference No.  
10207672

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Address [REDACTED]

City JACKSON

State MS

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
2FAHP74W63X [REDACTED]

Make  
FORD

Model  
CROWN VICTORIA

Model Year  
2003

Date Purchased  
01-MAR-03

Dealer's Name and Telephone Number  
WATSON QUALITY FORD 601-956-7000

Engine:  
No: Cylinders 8

Fuel Type:  
Gas

Original Owner

Dealer's City  
JACKSON

State  
MS

Zip Code  
39211

Transmission Type  
AUTOMATIC

Antilock Brakes  
 Cruise Control

Powertrain  
REAR WHEEL DRIVE

Vehicle Component Code  
022000 SUSPENSION:REAR

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)  
29-OCT-2007

Failure Mileage  
96840

Failure Speed  
40

**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

Yes  No

Fire

Yes  No

Number of Persons Injured

0

Number of Deaths

0

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).

TL\*THE CONTACT OWNS A 2003 FORD CROWN VICTORIA. WHILE DRIVING 40 MPH, THE CONTACT HEARD A ROARING NOISE COMING FROM THE REAR OF THE VEHICLE. THE NOISE PROGRESSIVELY WORSENERD. HE TOOK THE VEHICLE TO THE DEALER AND THEY STATED THAT THE SEAL AND BEARING FAILED AND BOTH AXLES WERE FRACTURED. THE REPAIR WOULD COST [REDACTED] THE MANUFACTURER STATED THAT HIS VIN WAS NOT INCLUDED IN RECALL NUMBER 04S16, THEREFORE, THEY WOULD NOT BE ABLE TO ASSIST. THE CURRENT AND FAILURE MILEAGES WERE 96,840.

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.