



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
SEP 27 2010
 30-JUL-2010

Repository
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City **SPRINGFIELD** State **MA** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
 Evening Telephone Number [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **2FALP74W3S** [REDACTED]
 Make: **FORD** Model: **CROWN VICTORIA** Model Year: **1995**
 Date Purchased: **10/03/95** Dealer's Name and Telephone Number: **FORD OF WESTFIELD** Engine: **V 8 ENGINE** Fuel Type:
 Original Owner: Dealer's City: **WESTFIELD** State: **MA** Zip Code: **01085**
 Transmission Type: [REDACTED] Antilock Brakes Cruise Control Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): **13-MAR-2008**

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: **180000 VEHICLE SPEED CONTROL, 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL** Failure Mileage: **51717** Failure Speed: **60**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
 DOT No. (Example: DOTM19ABC036): [REDACTED] 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 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 1995 FORD CROWN VICTORIA. THE CONTACT WAS DRIVING APPROXIMATELY BETWEEN 60 TO 70 MPH AND ENGAGED THE CRUISE CONTROL; HOWEVER, THE CRUISE CONTROL WOULD NOT OPERATE. THE FAILURE OCCURRED AFTER THE VEHICLE WAS REPAIRED UNDER THE NHTSA CAMPAIGN ID NUMBER 08V051000, VEHICLE SPEED CONTROL CRUISE CONTROL. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHERE THEY REFUSED TO CORRECT THE FAILURE. THE CONTACT STATED THAT THE CRUISE CONTROL WAS FUNCTIONAL BEFORE THE RECALL REMEDY REPAIR WAS PERFORMED ON THE VEHICLE. THE FAILURE MILEAGE WAS 51,717.

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.

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

Just one other failed component, air bag stays on red light after cruise control was checked.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

SPRINGFIELD MA 011

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NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-210 1200 New Jersey Avenue SE, Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline 888-327-4236



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