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: JUL - 8 2011 (28-MAR-2011)

Repository ☐

Reference No. 10393086

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City LIVONIA | State MI | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

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	Make	Model	Model Year
1MEFM55S53[redacted]	MERCURY	SABLE	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2005 (used)	North Bros. Ford			6	
Original Owner ☐	Dealer's City: Westland	State: MI	Zip Code: 48185		

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
	☑ Antilock Brakes ☐ Cruise Control			23-MAR-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 021000 SUSPENSION: FRONT, 021210 SUSPENSION: FRONT: SPRINGS: COIL SPRINGS	Failure Mileage	Failure Speed
	70000	

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: DOTMAL9ABC036)	☐ 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	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 MERCURY SABLE. THE CONTACT STATED THAT THE FRONT DRIVER SIDE COIL SPRING FRACTURED AND PUNCTURED THE FRONT TIRE. THE DEALER STATED THAT THERE WERE NO RELATED RECALLS TO THE FAILURE. THE VEHICLE WAS TAKEN TO A LOCAL INDEPENDENT REPAIR SHOP WHERE THE COIL SPRING FAILURE WAS REPAIRED. THE CONTACT CALLED THE MANUFACTURER WHO FILED A COMPLAINT BUT OFFERED NO FURTHER ASSISTANCE. THE CURRENT AND FAILURE MILEAGE WAS APPROXIMATELY 70,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

In addition to information on other side – NUMEROUS recalls on surrounding years for same vehicle, same issues. Tow truck driver indicated towed several per week with same issue.

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

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Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382