

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		Date Received MAY 31 2011 26-APR-2011	
				Repository ☐	
				Reference No. 10397488	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
City		State		E-mail Address	
City		State		E-mail Address	
City		State		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	
1FAP53U8XC		FORD		TAURUS	
Model Year		Engine:		Fuel Type:	
1999		No: Cylinders		GAS	
Date Purchased		Dealer's Name and Telephone Number		State	
9/2000		BROWN MOTORS, PETOSKEY, MI		Zip Code	
Original Owner		Dealer's City		Multiple Failure:	
?		State		Incident Date(s)	
Transmission Type		Powertrain		19-APR-2011	
AUTOMATIC		Antilock Brakes		Incident Date(s)	
Cruise Control		Multiple Failure:		19-APR-2011	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 161000 STRUCTURE: FRAME AND MEMBERS				Failure Mileage	
				95000	
				Failure Speed	
				0	
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: DOTM9ABC036)		Original Equipment		Failure Location:	
		Prior Repair			
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	
☐ Yes ☒ No		☐ Yes ☒ No		Number of Deaths	
				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 1999 FORD TAURUS. THE CONTACT STATED THAT AFTER HAVING THE VEHICLE IN FOR ROUTINE SERVICE, THE MECHANIC ADVISED HIM THAT THE SUB FRAME WAS SEVERELY RUSTED. THE MANUFACTURER WAS THEN CONTACTED AND THEY ADVISED HIM THAT HE WOULD NEED TO REPLACE THE COMPONENT BECAUSE IT COULD CAUSE THE DRIVER TO LOOSE CONTROL OF THE VEHICLE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 95,000.					
AFTER REVIEWING TRANSPORTATION OPTIONS, IT WAS DECIDED TO REPLACE W/SUITABLE (NON-RUSTED) SUB-FRAME - COPY OF INVOICE ATTACHED + PHOTOS ALSO INCLUDED.					
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.					



MIKE LYNCH, INC.
135 N. Bradley, Rogers City, MI 49779
Phone 989-734-2311
www.mikelyncford.com



SERVICE INVOICE

R/O 06843		VIN 1 F A F P 5 3 U 8 X		[REDACTED]		DATE IN 04/25/11	
YEAR 1999	MAKE FORD	MODEL TAURUS SE	COLOR GREEN	O	[REDACTED]		TIME IN 14:52
MILES IN 95464	MILES OUT 95464	FIRST USE 00/00/00	LIC. MI	ROGERS CITY MI		[REDACTED]	CLOSED 16:01
SEE ALSO				H: [REDACTED]		-	WRITER 8229 PAUL

- (1) CHECK MOTOR MOUNTS AND FRAME THAT BOLTS TO MOUNTS
REPLACE SUBFRAME ASSEMBLY WITH USED PART,
REPLACE BOTH LOWER BALL JOINTS, BOTH REAR
OXYGEN SENSORS, SWAY BAR LINKS, WELD SWAY BAR
AND ROADTEST

Labor	T29	490.00
477-03888	(SUB FRAME USED)	1 375.00
104217	(BALL JOINT LOW)	2 59.78
18194	(SWAY BAR LINK)	1 20.79
18195	(SWAY BAR LINK)	1 24.69
15717	(OXYGEN SENSOR)	1 64.34
9905	(CONNECTOR)	1 4.54
5051212	(HOSE CLAMPS)	2 4.00
22500	(OXYGEN SENSOR)	1 74.80
31512	(EXHAUST GASKET)	1 3.89
Total Labor		490.00
Total Parts		631.83
Total Repair (Customer)		1121.83

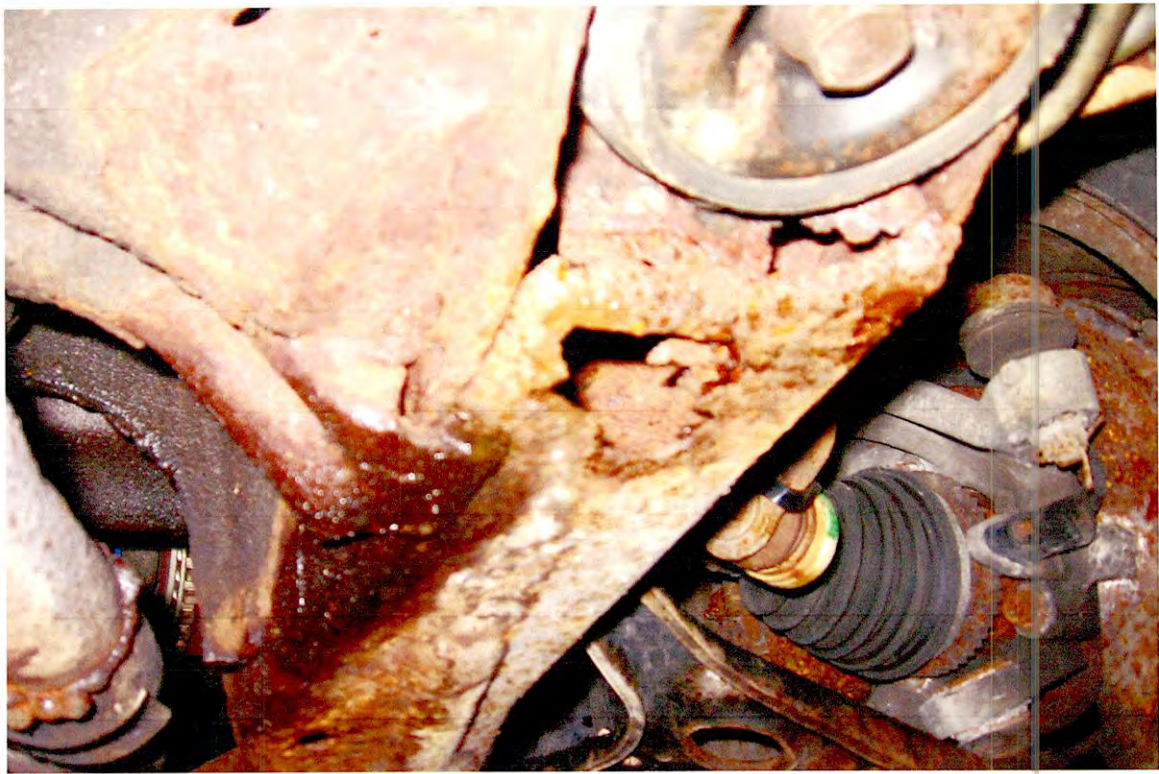
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F106244						Labor	490.00
Repair is properly completed and checked by:						Parts	631.83
<i>[Signature]</i>						Sublet	.00
AUTHORIZED REPRESENTATIVE						Shop Supplie	24.50
						Oil/Grease	.00
						Sub Total	1146.33
						.00 Tax	39.38
						Total (Cash)	1185.71

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ROGERS CITY MI

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRANS. SAFETY ADMIN.
OFFICE OF DEFECTS INVESTIGATION, NVS-210
1200 NEW JERSEY AVE. SE
WASHINGTON, D.C. 20077-9382

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