

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

DOT Vehicle Safety Hotline

FOR AGENCY USE ONLY 100148

Date Received
01-JUL-2015

Repository
Reference No.
10731493

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CUMMING State GA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]
E-mail Address [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
2FAFP73W63X [REDACTED] Make FORD Model CROWN VICTORIA Model Year 2003

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) 09-MAR-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS) Failure Mileage 110000 Failure Speed 70

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

SPARK PLUG BLEW OUT OF CYLINDER #6 AND RUINED COIL-ON-PLUG ALONG WITH IT. I HAD TO TAKE IT TO A MECHANIC AND THEY USED A TIME-SERT KIT TO RETHREAD THE CYLINDER SPARK PLUG WALL AND REPLACED ALL PLUGS WITH FACTORY PLUGS. I REPLACED THE SPARK PLUGS MYSELF 6 MONTHS BEFORE THE INCIDENT USING AFTERMARKET PLUGS AND IT RAN FINE FOR ABOUT 5,000 MILES UNTIL A PLUG BLEW OUT.

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.

From: [Wells, Cynthia CTR \(NHTSA\)](#)
To: [Abbew, Margaret CTR \(NHTSA\)](#)
Subject: FW: NHTSA: Follow up to ODI Complaint: ----10731493-----
Date: Monday, August 31, 2015 8:49:00 AM
Attachments: [10731493.pdf](#)
[image002.gif](#)

From: Williams, Maritza CTR (NHTSA) **On Behalf Of** DataQuality, DataQuality (NHTSA)
Sent: Friday, August 28, 2015 11:14 AM
To: Wells, Cynthia CTR (NHTSA)
Subject: FW: NHTSA: Follow up to ODI Complaint: ----10731493-----

From: [REDACTED]
Sent: Thursday, August 27, 2015 5:42 PM
To: DataQuality, DataQuality (NHTSA)
Subject: RE: NHTSA: Follow up to ODI Complaint: ----10731493-----

Attached please review the complaint I wish to file regarding my ford crown victoria thank you

From: EVOQ@dot.gov
To: [REDACTED]
Subject: FW: FW: NHTSA: Follow up to ODI Complaint: ----10731493-----
Date: Thu, 27 Aug 2015 19:44:03 +0000

Please see the attached copy of your recent complaint and instructions. Please make any necessary edits and return via email to dataquality@dot.gov or fax to (202) 366-1767. Due to the volume of complaints we receive and our limited resources, we cannot respond to every complaint.
NHTSA/Office of Defects Investigation

