



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

FOR AGENCY USE ONLY 100148

Date Received
21-SEP-2017

Repository
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SAUGUS 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: 1FAHPZF80D[REDACTED]
Make FORD Model TAURUS Model Year 2013
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders [REDACTED] Fuel Type: [REDACTED]
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type Antilock Brakes Cruise Control Powertrain [REDACTED] Multiple Failure: [REDACTED] Incident Date(s) 16-MAY-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 150000 SEAT BELTS Failure Mileage 84000 Failure Speed [REDACTED]

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) 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 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 2013 FORD TAURUS. THE CONTACT STATED THAT THE SEAT BELT WARNING INDICATOR ILLUMINATED ON A DAILY BASIS EVER SINCE THE VEHICLE WAS PURCHASED IN MAY OF 2017. THE VEHICLE WAS DIAGNOSED BY AN INDEPENDENT MECHANIC WHO STATED THAT THE DRIVER'S SIDE SEAT BELT BUCKLE FAILED AND NEEDED REPLACEMENT. THE VEHICLE WAS NOT REPAIRED. THE VIN WAS INVALID. THE DEALER AND THE MANUFACTURER WERE NOT CONTACTED. THE APPROXIMATE FAILURE MILEAGE WAS 84,000.

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.