



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

**AUTO SAFETY HOTLINE**  
**VEHICLE OWNER'S QUESTIONNAIRE**

NATIONWIDE 1-800-424-9393  
DC METRO AREA 202-366-0123

**POSTED**

FOR AGENCY USE ONLY

DATE RECEIVED **RECEIVED**  
**00 AUG -7 AM 10:15**

*QC of copied*

OFFICE OF INVESTIGATION  
DEFECTS IN

**553539**

DAY TIME TELEPHONE NO. (AREA CODE)

**OWNER INFORMATION (TYPE OR PRINT)**

[Redacted Owner Information]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES  NO   
In the absence of an authorization, NHTSA MUST NOT provide your name or address to the vehicle manufacturer.

SIGNATURE OF OWNER

[Redacted Signature]

DATE **7-30-00**

**VEHICLE INFORMATION**

VEHICLE IDENTIFICATION NO.\* **1EAPP5245WG276781** VEHICLE MAKE **FORD** VEHICLE MODEL **Taurus** MODEL YEAR **1998**  
\*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING **6998** DATE PURCHASED **9-5-98** DEALER'S NAME, CITY & STATE **McCarrity Ford 8300 Germantown Ave Phila Pa 19118** ENGINE SIZE (CID/CCL) **---** NO. CYLINDERS **4**  
 TURBO  DIESEL  GAS  FUEL INJECTN

TRANSMISSION TYPE  MANUAL  AUTOMATIC  
ANTILOCK BRAKES  YES  NO  
RESTRAINT SYSTEM  DRIVERSIDE AIRBAG  MOTORBELT  PASSENGERSIDE AIRBAG  3-POINT BELT  2-POINT BELT  
DRUISE CONTROL  YES  NO  
DRIVETRAIN  FRONT  REAR  4-WHEEL  
BODY STYLE  STAWAG  HATCH BK  VAN  PK UP TRK  OTHER

**FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)**

COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
		<input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED	NHTSA PREVIOUSLY CONTACTED
<b>3</b>	MILEAGE AT FAILURE(S)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	VEHICLE SPEED AT FAILURE(S)		

**APPLICABLE ACCIDENT INFORMATION**

ACCIDENT  YES  NO FIRE  YES  NO NUMBER PERSONS INJURED \_\_\_\_\_ NUMBER OF FATALITIES \_\_\_\_\_ PROPERTY DAMAGE EST\$ **2100** POLICE REPORTED  YES  NO

**NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)**

*March 1st 2:30 am it was applying brakes to to stop at corner for red light. the car kept on rolling thru the intersection before it came to a complete stop. I was in Phila going south on 33rd St.*

CONTINUE ON BACK IF NEEDED

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.

