



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

POSTED

Form Approved: O.M.B. No. 2127-0068

FOR AGENCY USE ONLY

Date Received

RECEIVED

Order No.
Ref. No.
od_r.
up ltr

SEP 28 PM 1:17

Reference No.

OFF
DEFECTS IN

555255

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 WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 9 11 93

PRODUCT INFORMATION

| | | | | |
|---|---|--|--|---|
| Vehicle Identification No. (VIN) (17 Digits) <u>8FALP74W2PK1C6642</u> | | Make <u>FORD</u> | Model <u>CROWN VIC</u> | Year <u>1993</u> |
| Purchase Date <u>1/20/93</u> | Dealer's Name <u>SAM GALUDWAY FORD INC</u> | | Engine Size (CID/CC/L) <u> </u> | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's City <u>PORT MYERS</u> | State <u>FL</u> | Zip Code <u> </u> | No. Cylinders <u>8</u> |
| Manufacture Date (on driver's door or pillar) | Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Restraint System <input checked="" type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Whistle <input checked="" type="checkbox"/> Passenger's Side Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | | Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|------------------------------------|--|--|---|
| Part Name(s) <u>HEAD LIGHTS</u> | Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | Handicap Adaptive Equip. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------|--|--|---|

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

| | | |
|-----------------|--|---|
| Tire Brand | Tire Name | Complete Tire Size |
| No. of Failures | Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s): | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

| | | | | |
|--|---|--|-----------------------------------|---|
| Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Firu <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured <u>NONE</u> | Number of Injuries <u>NONE</u> | Reported to Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No <u>TRIED</u> |
|--|---|--|-----------------------------------|---|

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

HEAD LIGHTS ARE GIVING VERY POOR LIGHT

THE CAR'S WITH THIS PROBLEM IS AN ACCIDENT WAITING TO HAPPEN. IT IS REALLY A BIG BIG PROBLEM.

THE PROBLEM IS SO BAD WE DO NOT GO OUT AFTER DARK

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882