


Posted		DOT Auto Safety Hotline		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECTS 1-888-DASH-2-DOT (1-888-327-4238) INTERNET: www.nhtsa.dot.gov/hotline		Date Received _____ RECEIVED APR 10 2001 9:15 Od. or r. dt. _____ Reference No. _____ 560769	
OWNER INFORMATION (Type or Print)					
Name _____					
Street _____					
City _____					
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____					Date <u>4.9.01</u>
PRODUCT INFORMATION					
Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)			Make	Model	Year
1 F A L P G 2 W 6 T H 1 2 1 9 3 3			FORD	T BIRD	96
Purchased Date	Dealer's Name		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo	
2/96	FAIRWAY FORD			<input type="checkbox"/> Diesel	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City		No. Cylinders	<input type="checkbox"/> Gas	
	GREENVILLE			<input type="checkbox"/> Fuel Injection	
State	Zip Code				
SC	296				
Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type
9/95	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Motorbike <input checked="" type="checkbox"/> Passenger's Side Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 checked="" type="checkbox"/> 2-Door <input 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)		Location		Failed Part(s)	
HEAD LIGHT LENSES		<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
Handicap Adaptive Equip					
<input type="checkbox"/> Yes <input checked="" 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)	Failed Part(s) Available?		NHTSA Previously Contacted?	
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vehicle Speed at Failure(s)				
APPLICABLE INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)					
Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).					
PLASTIC HEADLIGHT LENSES CLOUDED UP -					
SIGNIFICANTLY REDUCES LIGHT BEAMS -					
FOR COMPARISON; PARKING LENSES CRYSTAL CLEAR					
OVER					
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 administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.					

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

IT SEEMS WHETHER YOU HAVE 1 COMPLAINT OR A HUNDRED, A CLOUDED LENSE IS A CLOUDED LENSE AND IS A SAFETY HAZARD. IT LOOKS LIKE A MANUFACTURING DEFECT ESPECIALLY IN LIGHT OF THE TOTAL CLARITY OF THE PARKING LIGHT LENSES,

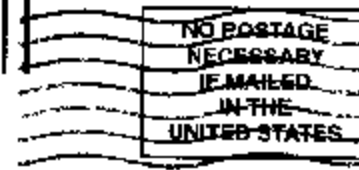
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S
QUESTIONNAIRE
(V00)**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

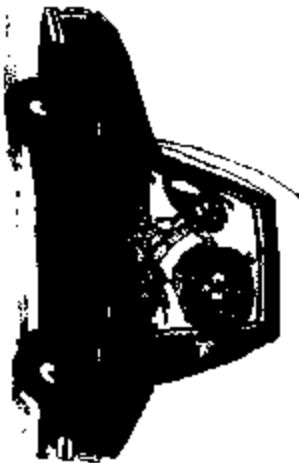
DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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(DASH) 2 DOT



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