



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
**TO REPORT VEHICLE SAFETY DEFECTS**  
**Posted** 1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY  
Date Received  
Date  
Reference No.

**COPIED**  
**560886**  
Date  
Telephone Number

**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 your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 4/10/01

**PRODUCT INFORMATION**

Vehicle Identification No. (VIN) (17 Digits)		Make	Model	Year
[Redacted]		FORD	TAURUS	1996
Purchased Date	Dealer's Name	Engine Size (CID/COIL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel	
5-24-97	MIDWEST FORD	192	<input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City	State	Zip Code	No. Cylinders
	BRUNSWICK	OHIO	44212	6
Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain
9/95	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengers Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type		Body Style		
<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <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)	Location	Failed Part(s)	Handicap Adaptive Equip
NO BACK-UP LIGHTS	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Brand	Tire Name	Complete Tire Size
GENERAL	645 AMER1	205 65 R15
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?
2	9-2-00 4-7-01	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s)	NHTSA Previously Contacted?
	85125 96503	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vehicle Speed at Failure(s)	
	30 45	

**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	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

NO BACK-UP LIGHTS  
BRAKE LIGHT ON DASH FAILS TO LIGHT WHEN USING PARKING BRAKES  
DRIVER SIDE FRONT COIL SPRING FAILED W/O WARNING  
STALLS WHEN HOT  
ELECTRICAL PROBLEMS

**THIS CAR HAS BEEN A REAL PROBLEM!**

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 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.