



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  
INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY 1039**

Date Received

06-MAY-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8009197

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Lowercase letters "i" and "o" are not used.)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FALP5244SG218917	FORD	TAURUS	1995			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02113000	Part Name(s) SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:1	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)


Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FRONT COIL SPRINGS BROKE, DROPPING FRONT END OF VEHICLE ON TIRES. TOOK TO DEALER, AND HAD IT REPAIRED.\*AK

CONTINUE ON REVERSE

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline 1-888-327-4236 www.nhtsa.dot.gov/hotline	
Vehicle Owner's Questionnaire (VOQ)		DEFECTS INVESTIGATION OFFICE 08-MAY-2002 Date Received: _____ Od. or _____ Ref. _____ up. It _____ Telephone No. 8009197	
OWNER INFORMATION (Type or Print) 752315 Work Number _____ Home N. _____		BUFFALO NY Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner _____ Date 5/16/02	
Vehicle Ident. No. (VIN) (located on driver's side) FORD TAURUS 1995 75000 Vehicle Mark Model Year Current Odometer Reading		Purchase Date 11-9-95 Dealer's Name TOWNE FORD INC City ORCHARD PARK State NY Zip Code 14121-1766 Engine Size 3.8 (CID/COV) 3.8 No Cylinders 6 Fuel System Gas Fuel Injection	

Component 02113000 Part Name's _____ SUSPENSION-INDEPENDENT FRONT ATTACHING MECHANISMS: Location <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Left Failed Parts <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		No of Failures 1 Date(s) of Failure(s) 5-2-02 Mileage at Failure(s) 74811 Vehicle Speed at Failure(s) _____ Failed Part(s) _____ NHTSA Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0	0
Estimated Property Damage	Reported to Police	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

FRONT COIL SPRINGS BROKE, DROPPING FRONT END OF VEHICLE ON TIRES. TOOK TO DEALER, AND HAD IT REPAIRED. AK

THE CAR WAS UNEXPECTEDLY IN DRIVEWAY - WHEN I TRIED TO DRIVE IT - IT WOULDNT MOVE - 8 PARTS OF THE COIL SPRING FELL TO THE GROUND. WHEN I GOT THE CAR BACK - I ASKED THE SERVICE PERSON IF THEY GOT WHAT I MEANT IN WITH BROKEN COIL SPRINGS - SHE SAID - NO. MIGHT BE - EVEN IF BLAME TO ME - THAT IS A LOT OF SPRINGS -

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 enforcement. 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.

CONTINUE ON BACK, IF NEEDED

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

6.5.02

I CALLED FORD - 1-800-392-3673 - TALKED TO ROXANNE FROM THE "CONCERN DEPT." SHE SAID NO RECALL ON THE 95 FORD ~~95~~ I ASKED HER ABOUT THE COIL SPRING RECALL ON THE FORD WINDSTAR. SHE SAID IT WAS FOR SOME 1998 WINDSTAR - I ASKED HER IF THE COIL SPRINGS ON THE 98 ARE THE SAME PART NUMBER OR SAME MANUFACTURER AS THE SPRINGS ON THE 95 - SHE DIDN'T KNOW. I DON'T KNOW HOW TO FIND THIS OUT EITHER.

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  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590

1000+06502



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

**TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR**

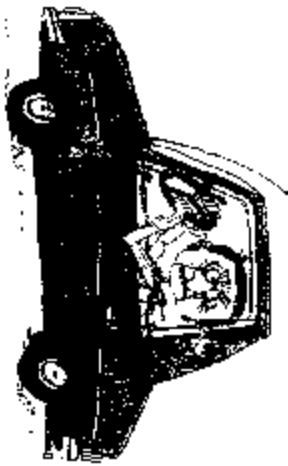
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

*(Page 1 through Page 3)*

