



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 241

Data Received
12-OCT-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
850505

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>(Listed at front of windshield or driver's side)</small> 1FALP52U7TA311662	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 1996	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>41000</u> 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
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE EXPERIENCING PROBLEM WITH AIR BAGS SENOR LIGHT STAYING ON; DEALER NOTIFIED AND INFORMED THAT ABS MODULE NEEDS REPLACEMENT; CAUSING ABS FAILURE. REPLACEMENT WOULD COST APPROX. \$587.90. CONSUMER WOULD LIKE TO KNOW IF THIS IS A SAFETY ISSUE, WHY? MUCH WE PAY INSTEAD OF MFR. CAN NHTSA PROVIDE THIS INFORMATION.

CONTINUED ON BACK (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.

Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received: JAN 22 AM 12:43 12-OCT-1999 OFFICE OF DEFECTS INVESTIGATION	
Signature of Owner: _____ Date: 1/21/00		Reference No. 850505 Work Number _____ Home Number _____	
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 In the absence of a signature and address to the vehicle manufacturer.			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1FALP52U7TA311662	FORD	TAURUS	1996
Purchase Date 1/18/98	Dealer's Name Q A CARS INC	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo Diesel
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City SAN DIEGO State CA Zip Code _____	No Cylinders 6	<input checked="" type="checkbox"/> Gas Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	<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			
Component	Part Name(s)	Location	Failed Part(s)
03250000 12410000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 41000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE EXPERIENCING PROBLEM WITH AIR BAG SENSOR LIGHT STAYING ON. DEALER NOTIFIED, AND INFORMED CONSUMER THAT ABS MODULE NEEDS REPLACEMENT. REPLACEMENT WOULD COST APPROXIMATELY \$587.90. CONSUMER WOULD LIKE TO KNOW IF THIS IS A SAFETY ISSUE. WHY? MUST WE PAY INSTEAD OF MANUFACTURER? CAN NHTSA PROVIDE THIS INFORMATION. *AK A. B. S. = Auto BRAKE SYSTEM (NO AIR BAG PROBLEMS)			
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.			

CURT
63146

280431
INVOICE

Bob Baker
FORD
Mission Valley

"Where It's So Nice To Be Nice"
750 Camino del Rio North, San Diego, California 92108 • (619) 297-5

PAGE 1

SERVICE ADVISOR: 835 LARRY DOWNS

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT
GREEN	1996	FORD TAURUS SHO-	1FALP52U7TA311662		41557/41557 Y37
DEL. DATE	PROD. DATE	WARR. EXP.	EST. COMPLETION TIME	PO#	PAYMENT
19SEP1996	11JUL96		WALT 02SEP99		CASH 02SEP1999
R.O. OPENED	R.O. PRINTED	ENG:J.O_Liter_EFI TRN:61OTR11A-AX4N			
07:53 02SEP99	13:16 02SEP99	AXL:13R			

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CHECK AND EST REPAIR OF ABS LIGHT IS ON							
13 BRAKE SYSTEM							
				B93 C 1.00		66.18	66.18
41557 1.0 PERFORMED ABS DIAGNOSTICS, UNABLE TO COMMUNICATE WITH ABS MODULE. PERFORMED PRETEST CHECKS. NEEDS CONTROL MODULE. CUSTOMER DECLINED.							

EST: 67.00 02SEP99 07:53 SA: BJ5

*Module \$487.90
Labour \$100.00 (1 1/2 hrs)*

VISA Payment (66.18)cs

ON BEHALF OF SERVING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER, THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE, RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

X _____
PRELIMINARY EST. TOTAL REVISED ESTIMATE

67.00 \$

FORD DLR. CODE: 71F086 05516-0
EPA #CAD-961385032 H.A.R. #AB-006517

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.

X

DESCRIPTION	TOTALS
LABOR AMOUNT	66.18
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	66.18
LESS	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	66.18

PARTS & LABOR WARRANTY DETAILS ON REVERSE SIDE. ALL PARTS ARE NEW UNLESS SPECIFIED OTHERWISE

Auto Body & Insurance Repair Specialists

6152 Mission Gorge Rd., Suite A
 San Diego, CA 92120
 (619) 280-4663

DATE 12-31-99	MILEAGE 43,122	INITIAL ESTIMATE \$75 ⁰⁰ + tax
YR/MAKE 96 Ford	ENGINE# J.S.L.	REVISED ESTIMATE
MODEL Taurus		TIME/DATE
		REPAIRS APPR/REC'D

QTY.	PARTS NO./DESCRIPTION	PRICE	LABOR	TIME	PRICE
1	ABS Control modular	477 ⁹⁰	Diagnosis - R&L ABS modulare	1.5	105 ⁻

Op [Signature]

RECOMMENDATIONS	PARTS TOTAL	LABOR TOTAL
#94125		105 ⁻
		PARTS TOTAL
		477 ⁹⁰
		TAX
		7 ²⁵
		GRAND TOTAL
		619 ⁹⁴

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's Lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles therein while in possession of shop.

[Redacted Signature Area]

Signed