

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 156

Date Received

22-FEB-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857322

 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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2FALP74XPXPX10944	FORD	CROWN VICTORI	1993	

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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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	Par. Name(s)	Location	Failed Part(s)
03200000 03270000 08310000	BRAKES:HYDRAULIC SYSTEM BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) 01-JUN-1999	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 33	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) _____		

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	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

BRAKING SYSTEM MALFUNCTIONED, CAUSING EXTENDED STOPPING DISTANCE WHICH MAY RESULT IN A CRASH. DEALER REPLACED BRAKE CALIPERS AND FRONT DISC ROTORS 3 TIMES. ALSO, WIRING HARNESS IN THE STEERING COLUMN BURNED OUT, CAUSING A FIRE. IN ADDITION, BOLT THAT HOLDS DRIVER'S SEAT TO THE FLOOR CAME OUT WHICH COULD CAUSE THE DRIVER'S SEAT TO MOVE UNEXPECTEDLY. PLEASE PROVIDE FURTHER INFORMATION. 'AK

CONTINUED ON BACK PLEASE

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.

<p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 156</p> <p>Date Received: <u>22-FEB-2000</u> OFFICE OF DEFECTS INVESTIGATION Reference No. <u>857322</u></p>
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OWNER INFORMATION (Type or Print)	
<div style="background-color: black; width: 100%; height: 100%;"></div>	591853
Work Number <u>na</u> Home Number <u>[REDACTED]</u>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of your name and address to the vehicle manufacturer.
 Signature of [REDACTED] Date 2/22/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <u>2FALP74XPXPX10944</u>	Vehicle Make <u>FORD</u>	Vehicle Model <u>CROWN VICTORI</u>	Vehicle Year <u>1993</u>	Current Odometer Reading <u>64</u>
Purchase Date <u>1993</u>	Dealer's Name <u>JOHN J DI LUZIO</u>		Engine Size (CID/CC/L) <u>4.6</u>	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>WOODBURY</u> State <u>NY</u> Zip Code <u>08097</u>		No. Cylinders <u>6</u>	<input checked="" type="checkbox"/> Diesel
<input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag	Cruise Control <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Gas
<input type="checkbox"/> Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> 3-Point Belt	Drive Train <input checked="" type="checkbox"/> Front	<input type="checkbox"/> Fuel Injection
<input type="checkbox"/> Automatic	<input type="checkbox"/> No	<input type="checkbox"/> Motorbelt	<input type="checkbox"/> Rear	<input type="checkbox"/> Sport UT
		<input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Truck
		<input type="checkbox"/> Passengerside Airbag		<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 <u>03200000</u> <u>03270000</u> <u>09310000</u>	Part Name(s) <u>BRAKES:HYDRAULIC SYSTEM</u> <u>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</u> <u>ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures <u>TIRES</u>	Date(s) of Failure(s) <u>01-JUN-1999</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <u>38</u>		
	Vehicle Speed at Failure(s)		

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities <u>3 TIMES</u> <u>brakes</u>	Estimated Property Damage <u>\$1,400</u>	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)

BRAKING SYSTEM MALFUNCTIONED, CAUSING EXTENDED STOPPING DISTANCE WHICH MAY RESULT IN A CRASH. DEALER REPLACED BRAKE CALIPERS AND FRONT DISC ROTORS 3 TIMES. ALSO, WIRING HARNES IN THE STEERING COLUMN BURNED OUT, CAUSING A FIRE. IN ADDITION, BOLT THAT HOLDS DRIVER'S SEAT TO THE FLOOR CAME OUT WHICH COULD CAUSE THE DRIVER'S SEAT TO MOVE UNEXPECTEDLY. PLEASE PROVIDE FURTHER INFORMATION. *AK

BOLTS FRONT BROKE OFF FRONT SEAT
Passenger could have caused a child seat went
Back had to hold onto wheel

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. *

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

65,000 Miles on my CAR! 3 sets of brakes = bolt on front seat broke making seat go back, must hang onto wheel not to lose control of CAR. Ford body shop Refused to weld it! Medal was too soft! 37,000 Miles wires burnt down to steering column I replaced new ignition - door lock. Cost over \$300.00. Replaced battery - Recall on cruise control that could burn my house down. LAST Ford I buy! I WANT A SAFE CAR. I bought A MONEY PIT. LEMON

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of Transportation
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Administration**

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

Official Business
Penalty for Private Use \$300

John J. DiLuzio
100 Linden Ave.
Woodbury Bldg., NJ 08097-1220



NO POSTAGE
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IF MAILED
IN THE
UNITED STATES

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
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

