



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 294

Date Received

04-DEC-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

875894

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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2FALP74W3SX142224	FORD	CROWN VICTORI	1995	

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	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 06300000	Par. Name(s) ELECTRICAL SYSTEM:WIRING	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 33 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

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)

INTERMITTENTLY THE MULTI SERVICE SWITCH MALFUNCTIONS. THE DEALER HAS REPLACED THE MULTI SERVICE SWITCH AND THE PROBLEM HAS REOCCURED.

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.

<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 284</p> <p>Date Received 04-DEC-2000</p> <p style="text-align: center; font-size: 1.2em;">DEFECT</p> <p>Reference No. 875854</p> <p>Work Number _____ Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>_____ 658841</p>	

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 **12/15/2000**

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2FALP74W3SX142224	Vehicle Make FORD	Vehicle Model CROWN VICTORI	Vehicle Year 1995	Current Odometer Reading 39,100		
Purchase Date 1/98	Dealers Name Plantation Ford		Engine Size (CID/CCIL) V-8	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Plantation State FL Zip Code 333		No Cylinders 8			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	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 checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <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 09117000	Part Name(s) LIGHTING:SWITCH:MULTI-FUNCTION SWITCH:TURN SIGNAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 3 or more	Date(s) of Failure(s) approx 1 year '99 Mileage at Failure(s) 38 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 <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

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

INTERMITTENTLY MULTI SERVICE SWITCH MALFUNCTIONED. DEALER HAS REPLACED MULTI SERVICE SWITCH, BUT PROBLEM HAS REOCCURRED. *AK THUS FAR, REPLACED WITH IDENTICAL SWITCH. SUBJECT TO SAME PROBLEM?

↑ NOT

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 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.

19-18-2...

Re: '95 Ford Crown Vic. Problem:
Multifunction switch that controls
the brake lights - turning signals &
emergency flashers has failed on
at least 3 different occasions while
driving. I left the Ford with
P. Boutin Ford mechanics to
locate the problem. At this particular
time the system was working
properly. After some checking they
found no problem. I told them
it was obvious the problem was
in the multifunction switch. I
requested that it be replaced, since it
was a great risk. They replaced
it with an identical switch, not
improved upon. I told them that
Ford has faulty systems installed
on these cars, and that they should
stand the cost of labor & parts. ²⁶¹
They said that since I requested
the replacement, it was my

obligation to pay.

my Ford had 32,000 miles on it at the time. They say that the warranty had expired at 36,000 mi.

I contend that the warranty should not limit the manufacturers liability when such a crucial part as this is involved. There is a great potential for highway highway casualties when these systems fail and should be recalled.

They refuse to say how many of these systems they have replaced.

my neighbor drives a '77 Mercury Grand Marquis His system failed at 30,000 miles.

I hope this information will be of help for the sake of safety



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PLANTATION FORD



707 N. STATE ROAD 7
PLANTATION, FL 33317
www.plantationford.com
Service Direct: 954-797-3740
Toll Free: 800-393-6609

Our People Make
the Difference!

Motor Vehicle Repair Shop License
State of Florida # MV-01834
Broward County # AR-1255

REMFPG indicates remanufactured part.

SLE TOTAL	ALLOWANCE	PLUS/LESS DUFF	LESS RUC
CHECK IN APPROPRIATE BOX			
CLAIMS REVIEW	APPROPRIATE TO SUBMIT TO	PARTS	REPAIR
5			
TAXES		TOTAL	

SERVICE INSTALLED PARTS			PROGRAM CODE(S)	DEALER CODE
DATE INSTALLED	ACCIDENT MILEAGE	ORIGINAL P.I.U. NUMBER	REPAIR	24010
NO	DAY	YR	REPAIR	
APPROVAL CODE (C.I. NO.)		COMPLIMENT CODE		P&A CODE
				04989
			REPAIR	

ON BEHALF OF SERVICE DEALER, HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON 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 OF PARTS 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 3 YEARS FROM THE DATE OF REPAIR NOTIFICATION AT THE SERVING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

I ACKNOWLEDGE RECEIPT AND SATISFACTORY CONDITION OF PARTS, LABOR AND MATERIAL LISTED BELOW AND RECEIPT OF INVOICE COPY ALREADY

X THIS COPY IS FOR THE FINDER FOR ADJUSTMENT (NAME) (DATE) (ADDRESS) (PHONE NUMBER) (E-MAIL ADDRESS) (DATE)

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

INVOICE TO	DRIVER/OWNER INFORMATION -- INVOICE: C64461
FOR OFFICE USE	VEHICLE INFORMATION
TOR: 0712 AD: 201 SALEMNG. INVOICE# 09/21/2000 1742945 HP 45 CRUISE VIC BLUE	LICENCE NUMBER: FL B68F50

SUMMARY OF CHARGE FOR OWNER USE		PAYMENT DISTRIBUTION FOR INVOICE C64461	
PARTS	97.49	TOTAL CHARGE	261.75
SHOP SUPPLIES	3.17	CASH ON HAND	261.75
SERVICE-HISTORY ADM	.98		
LAB-TECHNICAL	140.00		
SOS-TOTAL	241.64		
TAX	19.82		
TOTAL CHARGE	261.75		

PAID
EHR
1053

PLAT & HOURLY RATES MAY APPLY

ESTIMATE

I HEREBY ACKNOWLEDGE THAT THE ESTIMATE STATED ON THIS REPAIR ORDER WAS APPROVED PRIOR TO THE WORK BEING DONE. I ALSO ACKNOWLEDGE THAT I WAS CONTACTED AND APPROVED ANY REVISED ESTIMATE SHOWN ON THIS INVOICE.

ESTIMATE \$110.00 REVISED ESTIMATE \$239.40

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 707 N. STATE ROAD 7

DOES THIS SERVICE INVOICE REFLECT YOUR CURRENT HOME ADDRESS AND

PHONE NUMBER YES NO SIGNATURE _____

MAY WE HAVE YOUR E-MAIL ADDRESS TO NOTIFY YOU OF ANY FUTURE SERVICE SPECIALS AND OFFERS?

79005

THIS QUANTITY OF INVOICE COPIES IS REQUIRED BY REGULATION

INVOICE MUST BE PRINTED BY [UCS]

10 30 00 100

TO FINDER FORMS OF SALES CALL 1 800 452 4524