Form Approved: O.M.B. No. 2127-0008

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 252

Date Received: 29 Oct 1998

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 829774

OWNER INFORMATION (Type or Print)

[redacted] 479382

Work Number

Home Number [redacted]

Do you authorize NHTSA to provide a copy of this 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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CENTURY	CHILD SAFETY SEAT	1996	

Purchase Date
☐ New ☒ Used

Dealer's Name_____
City_____ State_____ Zip Code _____

Engine Size (CID/CC/L) ____ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
No Cylinders ____

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	DriveTrain	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ Driverside Airbag ☐ Passengerside Airbag ☐ 3-Point Belt ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sports Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
15424200	EQUIPMENT:CHILD SEAT:INFANT:HARNESS/STRAPS BUCKLE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	08-AUG-98	☐ Yes ☐ No	☐ Yes ☐ No

APPLICABLE 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
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

CAR SEAT BUCKLE BROKE IN HALF. *AK

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.*

HS-Form 350 (Rev. 2/87)

Form Approved: OMB No. 2127-0042

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 798

Date Received: 13-JUL-2001

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 892774

[redacted]

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.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
N/A	FORD	TAURUS	1995	

Purchase Dat		Engine Size (CID/CC/L ____	☐ Turbo
☒ New ☐ Used	Dealer's Name_____	No Cylinders _____	☐ Diesel ☐ Gas ☐ Fuel Injectio
	City_____ State_____ Zip Code_____		

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02113000	SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S	☐ Left ☐ Front ☐ Right ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	30-JUN-2001 74		☐ Yes ☐ No	☐ Yes ☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

AFTER CONSUMER CAME HOME HE NOTICED FRONT OF VEHICLE WAS KIND OF LOW. WHEN CHECKED, FRONT COIL SPRINGS BROKE BECAUSE IT WAS COATED WITH PLASTIC. PLASTIC WAS NO LONGER THERE, AND COIL SPRINGS WERE RUSTED.*AK

CONTINUED ON REVERSE

Form Approved O.M.B. No. 2127-0006

U.S. Department of Transportation
National 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 798

Date Received: 01 AUG 2001 13-JUL-2001 OFFICE OF DEFECTS INVESTIGATION

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 892774

Work Number

Home Numb [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 702551

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an a[redacted]me and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/6/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
N/A 1FALP52U4SG234454	FORD	TAURUS	1995	77384

Purchase Date: JUNE 97 — ☒ New ☒ Used

Dealer's Name: MORRIS FORD
City: SYOSSET State: N.Y. Zip Code: 11791

Engine Size (CID/CC/L): 3.0 — No Cylinders: 6 — ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02113000	SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S	☒ Left ☒ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	30-JUN-2001 / 74	☒ Yes ☐ No	☐ Yes ☒ 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	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

AFTER CONSUMER CAME HOME HE NOTICED FRONT OF VEHICLE WAS KIND OF LOW. WHEN CHECKED, FRONT COIL SPRINGS BROKE BECAUSE IT WAS COATED WITH PLASTIC. PLASTIC WAS NO LONGER THERE, AND COIL SPRINGS WERE RUSTED.*AK

REAR COIL SPRING REPLACED ALSO, PLASTIC COVERS BROKEN & MISSING AND RUSTED. FRONT SHOCKS REPLACED DUE TO FAILURE OF COIL SPRINGS

CONTINUE ON BACK IF NEEDED

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

(Page 1 through Page 2)