



U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 3/27/00	Order _____
Reference No.	1.d. _____
	ad-c. _____
	up-h. _____

NAME (Type or Print) _____ DAYTIME TELEPHONE NUMBER _____
AREA CODE _____

manufacturer of your vehicle: _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) 2FALP74W1PX111156	VEHICLE MAKE Ford	VEHICLE MODEL CROWN VIC	MANUFACTURE DATE 1 9 9 2 0 9	MODEL YEAR 1 1 1
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input checked="" type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other _____ <input type="checkbox"/> Daihatsu/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW				
PURCHASE DATE 1992	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME Bob Bell Ford	CITY Glen Burnie	STATE MD
ENGINE SIZE (CID/CC/L) NO. CYLINDERS 6	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver's Airbag <input checked="" type="checkbox"/> 2-Point Bel. <input type="checkbox"/> Passenger's Airbag <input type="checkbox"/> Motorist	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door
				BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Oil/leak <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other: Seats	NO. OF FAILURES 1	To report defective or failed tires provide the following: The Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 72,000	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____	
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	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	

APPLICABLE 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	NUMBER OF PERSONS INJURED 1	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Fatig. <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cur/Torn <input checked="" type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES 0	<input type="checkbox"/> Nasty <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	

PLEASE DO NOT WRITE IN THIS AREA

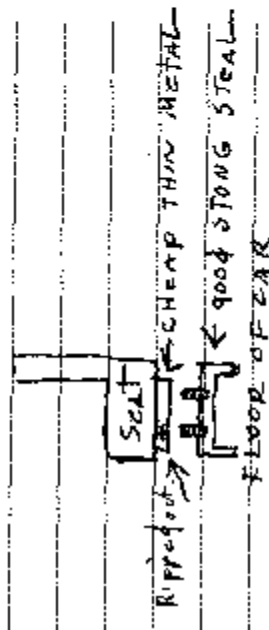


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Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

THINGS DON'T LAST FOREVER.
But when it comes to SAFETY
AND HUMAN LIFE You would
think it would last a reasonable
amount of time.

I have a 1993 Ford Crown
Vic. The DRIVERS SEAT CAME
lose from the floor bracket.
If I AM IN AN ACCIDENT
AND THE SEAT GOES FLYING
out the window. What good
is the AIR BAG OR SEAT BELT.



(Paint) somebody may
Died or has already
Died.

continue on additional pages if necessary.
describe any additional incidents. (include date and mileage)
Privacy Act of 1974—Public Law 93-579. This information is requested
by the National Highway Traffic Safety Administration under the
Freedom of Information Act and subsequent amendments. You are under no obligation to respond to the questions.
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.
Printed in U.S.A. Form 350 (Rev. 8/89)



VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



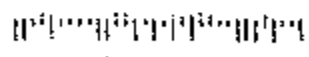
Mr & Mrs George Hamilton Sr
20 W Furnace Branch Rd
Glen Burnie, MD 21061



U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov/hotline

Complete and return or place in your car manual for future use



U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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