



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

OCT 28 2003

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. James Vondale, Director
Automotive Safety Office
Environmental and Safety Engineering
Ford Motor Company
330 Town Center Drive, Suite 400
Dearborn, MI 48126

NVS-213cat
RQ03-008

Dear Mr. Vondale:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Recall Query (RQ03-008) to investigate allegations of brake lamp switch and/ or associated circuit failure, which can cause the brake lamps to stay on or the loss of brake lamp function in model year (MY) 2000-2001 Ford Taurus and Mercury Sable vehicles manufactured by Ford Motor Company, and to request certain information.

On March 2, 2001, Ford recalled (NHTSA No. 01V078000) 157,000 units of MY 2000-2001 Ford Taurus and Mercury Sable vehicles with adjustable brake pedals. The recall stated that the grease from the adjustable pedal assembly could enter the stop lamp switch and contaminate the contacts leading to carbon buildup, and potentially a short circuit. A short circuit could lead to either the brake lamps staying on or to a loss of brake lamp function, which could increase the risk of a vehicle crash.

This office has received 61 reports of brake lamp switch and/ or associated circuit failure in MY 2000-2001 Ford Taurus and Mercury Sable vehicles. These reports include two incidents that resulted in crashes and one that resulted in two injuries. A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** all MY 2000-2001 Ford Taurus and Mercury Sable vehicles manufactured for sale or lease in the United States.
- **Subject component:** all brake lamp switches and associated circuits manufactured on the subject vehicles.



DOT AUTO SAFETY HOTLINE
1-888-DASH-2-DOT

- **Ford:** Ford Motor Company, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Ford (including all business units and persons previously referred to), who are or, in or after January 1, 1996, were involved in any way with any of the following related to the alleged defect in the subject vehicles:
 - a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

- **Alleged defect:** any conditions of the brake lamp switch and associated circuits that can cause the following: (1) the brake lamps to stay on; (2) the loss of brake lamp function; and/ or (3) the disengagement of the cruise control.

- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Ford, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any

other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by Ford or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Ford has previously provided a document to ODI, Ford may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Ford's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of MY 2000 - 2002 Ford Taurus and Mercury Sable vehicles Ford has manufactured for sale or lease in the United States. Separately, for each MY 2000 - 2002 Ford Taurus and Mercury Sable vehicle manufactured to date by Ford, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of manufacture;
 - f. Type of Brake Pedal Assembly (power adjustable or fixed);
 - g. Brake Pedal Assembly Part Number;
 - h. Date warranty coverage commenced; and
 - i. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "ProductionDataResponse." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

2. State the number of each of the following by make and model year, received by Ford, or of which Ford are otherwise aware, which relate to, or may relate to, the alleged defect in MY 2000 - 2002 Ford Taurus and Mercury Sable vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a MY 2000 - 2002 Ford Taurus and Mercury Sable vehicle, property damage claims, consumer complaints, or field reports;
 - d. Property damage claims; and
 - e. Third-party arbitration proceedings where Ford is or was a party to the arbitration; and
 - f. Lawsuits, both pending and closed, in which Ford is or was a defendant or codefendant.

For subparts "a" through "d," state, by model and model year, the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and Ford's assessment of the problem, with a summary of the significant underlying facts and evidence. For items e and f, identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. Ford's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether property damage is alleged;
 - k. Number of alleged injuries, if any;
 - l. Number of alleged fatalities, if any; and

m. Summary.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "RequestTwoData." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by model, model year, and category (i.e., consumer complaints, field reports, etc.) and describe the method Ford used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Ford to date that relate to, or may relate to, the alleged defect in MY 2000 - 2002 Ford Taurus and Mercury Sable vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. Ford's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WarrantyData." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

6. Describe in detail the search criteria used by Ford to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in MY 2000 - 2002 Ford Taurus and Mercury Sable vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Ford on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that Ford offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.

7. Provide a technical description of each of the following systems used on the subject vehicles:
- Brake Lamp Circuit;
 - Cruise Control Circuit; and
 - Shift-Interlock System.

Include in each description how the overall system works, a description of how the system interacts with the brake pedal assembly (including any sensors, switches, and potentiometers used in the assembly), the names and acronyms Ford uses to refer to the various systems and components that make up the systems, approximate dates where relevant system changes occurred (including supplier changes, new system introductions, and new component introductions), and any models other than the subject vehicles that also use the same (or similar) systems.

8. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Ford has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that Ford is planning to issue within the next 120 days.
9. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, Ford. For each such action, provide the following information:
- Action title or identifier;
 - The actual or planned start date;
 - The actual or expected end date;
 - Brief summary of the subject and objective of the action;
 - Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

10. Describe all modifications or changes made by, or on behalf of, Ford in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect in MY 2000 - 2002 Ford Taurus and Mercury Sable vehicles. For each such modification or change, provide the following information:
- The date or approximate date on which the modification or change was incorporated into vehicle production;
 - A detailed description of the modification or change;
 - The reason(s) for the modification or change;

- d. The part numbers (service and engineering) of the original component;
- e. The part number (service and engineering) of the modified component;
- f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
- g. When the modified component was made available as a service component; and
- h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that Ford is aware of which may be incorporated into vehicle production within the next 120 days.

- 11. Produce each of the following:
 - a. Two exemplar samples of each design version of the subject component;
 - b. Two field return samples of the subject component which are expected to exhibit the subject failure mode;
 - c. One exemplar sample of the adjustable brake pedal assembly used in the subject vehicles;
 - d. One exemplar example of the fixed brake pedal assembly used in the subject vehicles; and
 - e. Any kits that have been released, or developed, by Ford for use in service repairs to the subject component/assembly which relate, or may relate, to the alleged defect in the subject vehicles.
- 12. State the number of each of the following that Ford has sold that may be used in MY 2000 - 2002 Ford Taurus and Mercury Sable vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (*including the cut-off date for sales, if applicable*):
 - a. Subject component; and
 - b. Any kits that have been released, or developed, by Ford for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number) Also identify by make, model and model year, any other vehicles of which Ford is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

- 13. Furnish Ford's assessment of the alleged defect in the subject vehicle, including:
 - a. The causal or contributory factor(s);
 - b. The failure mechanism(s);
 - c. The failure mode(s);
 - d. The risk to motor vehicle safety that it poses;
 - e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
 - f. The reports included with this inquiry.

This letter is being sent to Ford pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Ford's failure to respond promptly and fully to this letter could subject Ford to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If Ford cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Ford does not submit one or more requested documents or items of information in response to this information request, Ford must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Ford's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by December 12, 2003. Please refer to RQ03-008 in Ford's response to this letter. If Ford finds that it is unable to provide all of the information requested within the time allotted, Ford must request an extension from me at (202) 366-5207 no later than five business days before the response due date. If Ford is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Ford then has available, even if an extension has been granted.

If Ford claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Ford must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Ford is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.


If you have any technical questions concerning this matter, please call Cheryl Tuosto of my staff at (202) 366-1859.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey L. Quandt", written in a cursive style.

Jeffrey L. Quandt, Chief
Vehicle Control Division
Office of Defects Investigation

Enclosure 1, One CD ROM titled Data Collection Disc containing three files
Enclosure 2, 61 Consumer Complaints

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148 Date Received 09-SEP-2003		Repository <input type="checkbox"/> Reference No. 10037516
	OWNER INFORMATION (Type or Print) Name _____ Address _____ City _____ Does the vehicle have a VIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date _____		Daytime Telephone Number _____ E-mail Address _____		
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1MEFN555YA642210		Make MERCURY	Model SABLE	Model Year 2000	
Date Purchased 01-NOV-00	Dealer's Name and Telephone Number _____		Engine: No. Cylinders 6	Fuel Type: Gas	
Original Owner <input type="checkbox"/>	Dealer's City _____		State _____	Zip Code _____	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 032100 SERVICE BRAKES, HYDRAULIC-SWITCHES: BRAKE LIGHT Multiple Failure: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 09-SEP-2003	Failure Mileage 24696	Failure Speed 0			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make _____		Tire Model (Name or Number) _____		Tire Size (Example P215/65R15) _____	
DOT No. (Example: DOT14AL9ABC036) _____		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Aftermarket	Failure Location: _____		
Tire Component Code _____				Tire Failure Type _____	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make: _____		Date Manufactured: _____		Model No./Name: _____	
Seat Type: _____		Installation System: _____			
Child Seat Component Code: _____		Failed Part: _____			
APPLICABLE INCIDENT INFORMATION					
<i>(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
STDP LAMPS STAY ON. CONDITION CAUSES DEAD BATTERY. STOP LAMP SWITCH IS DEFECTIVE. THIS VEHICLE WAS INVOLVED IN RECALL 01S08 FOR THE STOP LAMP SWITCH REPLACEMENT. CONTACTED FORD CUSTOMER ASSISTANCE. THEY CLAIM RECALL WAS DONE 2 YEARS AGO. PART HAS FAILED AGAIN AND THEY WILL NOT COVER THIS. RECALL LETTER ADVISES FILING COMPLAINT ON THIS SITE. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.					
The Privacy Act of 1974 - Public Law 93-502 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 responses 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.					

 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 1-888-327-4238 www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 1382 Date Received: 20 MAY 2002 OFFICE DEFECTS INVESTIGATION	
	OWNER INFORMATION (Type or Print) [Redacted] 754901 NORWICH CO [Redacted]		Oid, or at, at id, at up, to Reference No. 5010170

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 05/30/02

Vehicle Ident. No. (VIN) 1FAFP5536YA213043	Vehicle Mfg. FORD	Vehicle Model TAURUS	Vehicle Year 2000	Current Odometer Reading 11,420
Purchase Date 09/01/00	Dealer's Name Simon Ford, Inc.	City NORWICH	State CT	Zip Code 06360
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic Anilock Brakes <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 UR Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <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	Engine Siz (CID/CCL) No Cylinders 6 <input type="checkbox"/> Turbo Diesel Gas Fuel Injectio			

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 0992000	Part Name(s) LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original Replacement Not Same
No of Failures 1	Date(s) of Failure(s) 05/20/02 Mileage at Failure(s) 11295 Vehicle Speed at Failure(s) Park in Driveway	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

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

CONSUMER HAD RECALL 01V078000 REPAIRS FOR THE STOP LAMP SWITCH. HOWEVER, PROBLEM WAS STILL OCCURRING. DEALER COULD NOT FIND CAUSE. *AK

CAR WAS BROUGHT TO SIMON FORD, FOR SAFETY RECALL 01S08 ON 04/14/01 (ODOMETER 2000); ON 05/20/02 CAR WAS TOWED TO SIMON FORD, BECAUSE IT WAS STUCK IN PARK. (ODOMETER 11,245). I ASK MARK SPICER AT SIMON FORD IF THIS WAS ON THE SAME RECALL (01S08) HE TOLD ME THAT THE CAR WAS NEVER DONE AT SIMON FORD.

I CALLED FORD CO. TO SEE IF THEY HAD ANY RECORD OF

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Said
 The repairs they yes and the dealer was payed to do it. My next
 question was are you going to pay them back in, and the answer
 was yes. Ford Co thinks that maybe Simon Ford Generated the
 paper work but didn't do the job.
 So hold on for the recall. It sounds like Ford Explains & Fine Tune
 Tire clear to me.
 INCLUDE ARE
 Ford Recall Notice
 #1 - First Time I brought the CAR IN FOR Recall
 #2 - Second Time IN FOR SAME RECALL

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73175 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline, NSA-10.1
 400 7th Street, SW
 Washington, DC 20590

20590+0001 bdlfllkkllddlddlddlddlddlddldd



QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at


1-888-DASH-2-DOT


1-888-327-4236

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
 National Highway Traffic Safety
 Administration
 www.nhtsa.gov

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 124	
			Date Received 19-MAR-2003	Repeatable <input type="checkbox"/> Reference No. 10011357
OWNER INFORMATION (Type or Print)			Daytime Telephone Number	E-mail Address
Name: _____ Address: _____ City: _____ Do you: _____ In the _____ Sign: _____			YOUR VE (Pass to the vehicle manufacturer) Date: _____	
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP52L3YA269320		Make FORD	Model TAURUS	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS		
Multiple Failure:				
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Message	Failure Speed		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM13ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:		Failed Part:		
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
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 Deaths	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure. i.e., parts repaired or replaced (and if old part is available).				
BRAKE LIGHTS MALFUNCTIONED. *AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY				
<small>The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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 statistically summary thereof, may be used in support of the agency's action.</small>				

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335	
			Date Received 21-APR-2003	Repository <input type="checkbox"/> Reference No. 10017271
OWNER INFORMATION (Type or Print)			Daytime Telephone Number	E-mail Address
Name _____ Address _____ City _____ Do you: _____ In the _____ State _____			Date _____/_____/_____	
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPPS869YA206406		Make FORD	Model TAURUS	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 031000 SERVICE BRAKES, HYDRAULIC; PEDALS AND LINKAGES Multiple Failure:	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Message	Failure Speed		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM3A3C036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
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 Deaths	Reported to Police N
Narrative Description of Accident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
THE BRAKE LIGHTS WERE ON CONSTANTLY. THE CONSUMER FELT IT HAD SOMETHING TO DO WITH THE BRAKE PEDAL ASSEMBLY. *NLM				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.				
<small>The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.</small>				



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

2003 MAY 27 AM 7:28
23-APR-2003

Repository

Reference No.
10017399

OWNER INFORMATION (Type or Print)

Name

Address

City

TITUSVILLE

State

FL

Zip Code

Daytime Telephone Number

Email Address

Business Telephone Number

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 or address to the vehicle manufacturer.
Signature of Owner _____ Date 5/16/03

VEHICLE INFORMATION

Make MERCURY		Model SABLE	Model Year 2001 2000
Date Purchased MARCH 24, 2000	Dealer's Name and Telephone Number McGuffey Ford, Inc. 327-267-2113	Engine: No. Cylinders 6-4 Valve	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City Titusville	State FL	Zip Code 32783
Transmission Type Auto	<input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FWD	Vehicle Component Code 125100 EXTERIOR LIGHTING; BRAKE LIGHTS; SWITCH
Multiple Failure:			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-MAR-2001	Failure Mileage 14401	Failure Speed Stopped	SW-6567 YF12-13480-0A
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: D0THM5ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Recall	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Name:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
GMID Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please check in detail the incident, failure(s), control, and injuries.)


Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).


THE REPLACEMENT SWITCH FOR BRAKE/STOP LAMP RECALL 01 V 078 000 FAILED TWICE. *NLM
ORIGINAL SWITCH REPLACED BY RECALL ON MARCH 22, 2001 AND 4429 VEHICLE MILES (COPY OF REPAIR ORDER ENCLOSED)
REPLACEMENT SWITCH FAILED ON APRIL 30, 2003 AND 14,401 VEHICLE MILES. (PARTS INVOICE ENCLOSED). INSTALLATION WAS PERFORMED BY MYSELF.
I HAVE POSSESS
FAILED SWITCH IS AVAILABLE AND CAN BE SENT TO NHTSA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
			Date Received 09-MAY-2003	Repository <input type="checkbox"/> Reference No. 10018452
OWNER INFORMATION (Type or Print)			Daytime Telephone Number	E-mail Address
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1MEFM55S1YA624027		Make MERCURY	Model SABLE	Model Year 2000
Date Purchased 01-JUN-00	Dealer's Name and Telephone Number		Engine No: Cylinders 6	Fuel Type:
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 125100 EXTERIOR LIGHTING;BRAKE LIGHTS;SWITCH Multiple Failure: 4	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 07-MAY-2003	Failure Mileage 12000	Failure Speed		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19A8C036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
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 Deaths	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
THE BACK BRAKE LIGHTS ARE NOT WORKING AGAIN. (4TH TIME) ALSO, THE CAR WILL NOT MOVE OUT OF PARK AFTER YOU START THE CAR. I KNOW THESE TWO PROBLEMS ARE RELATED TO THE BRAKE SWITCH. THIS ITEM HAS BEEN (REPLACED) TWO OTHER TIMES. I AM PUTTING THE POWERS THAT BE ON NOTICE THAT IF I AM IN A CRASH BECAUSE OF THIS SAFETY ISSUE, I AM RESPONSIBLE FOR IT. ALSO, THERE IS SOME SORT OF ELECTRICAL PROBLEM THAT WILL KEEP THE CAR FOR STARTING. *JB				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
<small>The Privacy Act of 1974 (Public Law 93-502) 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.</small>				

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
			Date Received 14-MAY-2003	Repository <input type="checkbox"/> Reference No. 10018717
OWNER INFORMATION (Type or Print)				
Name			Daytime Telephone Number	E-mail Address
Address				AI
City				
Do you In the Signat:			or vehic to the Date	
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP5558YG226535	Make FORD	Model TAURUS	Model Year 2000	
Date Purchased 30-MAY-00	Dealer's Name and Telephone Number LEGACY FORD 330-225-9141		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City BRUNSWICK	State OH	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 125100 EXTERIOR LIGHTING: BRAKE LIGHTS: SWITCH	
Multiple Failure:				
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 1D-MAY-2003	Failure Mileage 39630	Failure Speed 60		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code				Tire Failure Type
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
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 Deaths	Reported to Police N
Narrative Description of Accident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
THE BRAKE LAMP SWITCH WAS REPLACED ON THIS CAR UNDER A "SAFETY RECALL" BY FORD MOTOR COMPANY. THEY STATED THAT THE SWITCH MAY FAIL, AND COULD CAUSE THE BRAKE LAMPS TO STAY LIT, OR NOT COME ON AT ALL. THIS WAS DONE AT AROUND 15,000 MILES. AT 39,000 MILES THE SWITCH HAS FAILED AGAIN. THE BRAKE LAMPS WILL NOT COME ON, I CANNOT MOVE THE GEAR SELECTOR OUT OF "PARK", AND THE CRUISE CONTROL WILL NOT DISABLE WHEN YOU PRESS THE BRAKE PEDAL. THIS IS AN OBVIOUS SAFETY HAZARD, AND FORD HAS ATTEMPTED TO CORRECT THE PROBLEM BY REPLACING THE SWITCH, BUT, UNFORTUNATELY, THE REPLACEMENT SWITCHES ARE ALSO DEFECTIVE. THE DEFECT OBVIOUSLY CAUSES SEVERAL SAFETY HAZARDS AND SERIOUS RISK OF AN ACCIDENT. THE WORST PART IS, MY DEALER HAS INFORMED ME THAT THE RECALL HAS ALREADY BEEN PERFORMED, AND I WILL HAVE TO PAY TO HAVE THE RECALL WORK DONE AGAIN. FORD MOTOR CUSTOMER SERVICE CONFIRMED THIS DURING PHONE CONVERSATIONS WITH THEM. THIS CONCERNS ME BECAUSE YOU CANNOT SAY YOU HAVE FIXED A DEFECT IF THE DEFECT KEEPS OCCURRING OVER AND OVER AGAIN. THEY ARE RESPONSIBLE FOR FIXING THE PROBLEM, WHICH THEY HAVE NOT DONE.				
I HAVE ALSO HAD A WIPER MOTOR COVER REPLACED ON THIS CAR UNDER RECALL. THIS WAS DUE TO A RISK OF FIRE. DOES THIS MEAN THA				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
The Privacy Act of 1974 (Public Law 93-502) 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.				

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
			Data Received 29-MAY-2003	Repository <input type="checkbox"/> Reference No. 10020697
OWNER INFORMATION (Type or Print)				
Name Address City State Zip			Daytime Telephone Number	E-mail Address
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP5SS2YA217624		Make FORD	Model TAURUS	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes <input type="checkbox"/>	Powertrain	Vehicle Component Code 125100 EXTERIOR LIGHTING; BRAKE LIGHTS; SWITCH	
Multiple Failure:				
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 28-MAY-2003	Failure Message	Failure Speed		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM13ABCD036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code				Tire Failure Type
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION				
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
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 Deaths	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
VEHICLE TYPE: FORD TAURUS 2000 PROBLEM: BRAKE LIGHT STAYS ON, WHICH IS DANGEROUS. PREVIOUS HISTORY: THE PROBLEM WAS FIXED LAST YEAR UNDER A RECALL (NHTSA CAMPAIGN ID NUMBER: 01V078000), BUT HAS REOCCURED NOW.				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY				
<small>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.</small>				



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 03-JAN-2003
Repository:
Reference No.: 10000702

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: _____
Do you sub: _____
In the area: _____
Signature: _____

Daytime Telephone Number: _____
E-mail Address: _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAPP5589YA137740
Make: FORD
Model: TAURUS
Model Year: 2000
Date Purchased: 20-APR-00
Dealer's Name and Telephone Number: DITSCHMAN FLEMINGTON FORD 908-782-3673
Engine: No: Cylinders 6
Fuel Type: Gas
Original Owner:
Dealer's City: FLEMINGTON, State: NJ Zip Code: 08822
Transmission Type: AUTOMATIC
 Antilock Brakes
 Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 102000 POWER TRAIN:MANUAL TRANSMISSION
Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 27-DEC-2002
Failure Mileage: 60000
Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036): _____
 Original Equipment
 Prior Repair
Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No
Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

I HAVE OWNED MY 2002 FORD TAURUS FOR 32 MONTHS. DURING THIS TIME, I HAVE HAD THE THE BRAKE PEDAL SWITCH REPLACED TWICE, NEW REAR STRUTS, REPLACED AIRBAG SYSTEM. THE CAR IS NOW BACK AT FORD TO HAVE A NEW TRANSAXEL INSTALLED. THERE HAVE BEEN MORE THAN \$5,000 IN REPAIRS TO THIS CAR WHICH HAS JUST OVER 60,000 MILES.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 778

Date Received

17-JUL-2002

Repository Reference No.
8014132

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you sit
in the ab
Signature

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP5655YG153817		Make FORD	Model TAURUS	Model Year 2000
Date Purchased 01-AUG-01	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code L24000 EXTERIOR LIGHTING:BACK UP LIGHTS Multiple Failure: 2	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-JUL-2002	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

RECALL 01V048000 REPAIRS ON STOP LAMPS WERE DONE 1 YEAR AGO. AT THIS TIME BRAKE LIGHTS STOPPED WORKING. *AK CONSUMER STATES THAT THE SAME PART HAD TO BE REPLACED ONLY ONE YEAR AFTER RECALL. *SLC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258	
		Date Received 19-NOV-2002	Repository <input type="checkbox"/>	Reference No. 769912	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address					
City					
Do you sign in the at		Signature		Date	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP5JL4YA205642			Make FORD	Model TAURUS	Model Year 2000
Date Purchased 01-JUN-00	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
	<input checked="" type="checkbox"/> Cruise Control	FRONT WHEEL DRIVE	125000 EXTERIOR LIGHTING;BRAKE LIGHTS		
			Multiple Failure: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 14-NOV-2002	Failure Mileage	Failure Speed 35			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM4L9ABC035)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
BRAKE LIGHTS WOULD NOT GO OFF EVEN WHEN CAR WOULD BE SHUT OFF THIS IS THE REPLACEMENT SWITCH FROM A EARLIER RECALL. THE CAR NOW HAS ITS 3RD SWITCH. DEALER SAID ITS NOT UN EXPECTED FOR THE SWITCH TO FAIL AND IT IS THE CUSTOMERS RESPONSIBILITY TO REPLACE IT SINCE THEY DID THE RECALL. ONE THE COST WAS 105.34. DT					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974-Public Law 93-502 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.					



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

01-OCT-2003

Repository Reference No.
10042094**OWNER INFORMATION (Type or Print)**

Name

Address

City

Do you
In the
Signat

Daytime Telephone Number

E-mail Address

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

FORD

Model

TALURUS

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

12S100 EXTERIOR LIGHTING: BRAKE LIGHTS: SWITCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-OCT-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT14AL9ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

NHTSA RECALL 01-V-078-000: VEHICLE DESCRIPTION: PASSENGER VEHICLES EQUIPPED WITH ADJUSTABLE PEDALS. IF THE GREASE FROM THE ADJUSTABLE PEDAL ASSEMBLY ENTERS THE STOP LAMP SWITCH, IT CAN CONTAMINATE THE CONTACTS LEADING TO CARBON BUILD UP, AND POTENTIALLY, A SHORT CIRCUIT. CONSUMER HAD THE SAME PROBLEM, AND DEALER ADMITTED SWITCH WAS THE PROBLEM. *AT

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto-Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

2003 SEP 12 PM 1:50
25-AUG-2003

Responsibility

Reference No.
10034566

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City _____

Do you
In the
Sign _____

Daytime Telephone Number _____

E-mail Address _____

Not valid
as to the
Date: _____

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of dashboard on driver's side
1MEPES54YGE281E5

Make
MERCURY

Model
SABLE

Model Year
2000

Date Purchased
MAY 2000

Dealer's Name and Telephone Number
SMITHTOWN LIN. INC.

Engine:
No. Cylinders
6

Fuel Type:
GAS

Original Owner

Dealer's City
SMITHTOWN, N.Y.

State
N.Y.

Zip Code _____

Transmission Type
AUTOMATIC

Anti-lock Brakes
 Cruise Control

Powertrain _____

Vehicle Component Code

102200 POWER TRAIN:MANUAL TRANSMISSION:FLOOR SHIFT ASSE

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
AUG 2003

Failure Mileage
17740

Failure Speed
CAR WAS
PARKED

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/65R15) _____

DOT No. (Example: DOT4H5ABC036)

Original Equipment
 Aftermarket

Failure Location: _____

Tire Component Code _____

Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____

Date Manufactured: _____

Model No./Type: _____

Seat Type: _____

Installation System: _____

Child Seat Component Code: _____

Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe the incident(s), failure(s), condition, and injury(s).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured _____

Number of Deaths _____

Reported to Police

N

Narrative Description of Incident(s), Condition(s), and Injury(s).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

UPON STARTING VEHICLE IT WOULD NOT SHIFT OUT OF PARK. ALSO, THERE WERE NO BRAKE LIGHTS. CONSUMER STATED, "TURNED KEY TO FIRST CLICK, PRESSED GEAR SHIFTER DOWN, AND SHIFTED THE GEARS. ~~GEARS REPAIRED AND BRAKE LIGHT~~"

GAS STATION REPAIRED BRAKE LIGHT

SWITCH.

BRAKE SWITCH WAS REPLACED ONCE BEFORE AS PART OF MERCURY DIVISION RECALL IN MARCH, 2001.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received

Repository

23-AUG-2002

Reference No.
8017122**OWNER INFORMATION (Type or Print)**

Name

Address

City

Do y
In th
Sign

Daytime Telephone Number

E-mail Address

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1MEF1455BXG62448

Make

MERCURY

Model

SABLE

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

034000 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

09-JUL-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION*(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)*

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and Work part is available).

BRAKE LIGHTS DID NOT ILLUMINATE WHEN BRAKES WERE APPLIED. THIS RESULTED IN A REAR END COLLISION. DEALER HAS INSPECTED AND WILL REPAIR VEHICLE. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8388
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 259

Date Received

21-JUL-2001

Od_or _____
rt_dt _____
del_rt _____
up_itr _____

Reference No.

748867

OWNER INFORMATION (Type or Print)

90

Minor Member

Do you have any vehicles?
Address to the vehicle manufacturer? YES NO

Date: / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of dashboard on driver's side)</small> 1FAPP52UX1G158S08	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 2001	Current Odometer Reading
Purchase Date 01-MAR-2001 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 3.0L/2 No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected
Transmission Type <input type="checkbox"/> Manual <input 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"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" 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 _____		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09250000	Part Name(s) BRAKES-HYDRAULIC-ANTI-LOCK SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 2	Date(s) of Failure(s) 04-JUN-2001 Mileage at Failure(s) 12	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------	---------------------------	---------------------------	-------------------------------------------------------------------------------------------

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

ON MARCH 6, 2001, I PURCHASED A 2001 FORD TAURUS LX, FROM CHINO HILLS FORD, CHINO, CALIFORNIA 91710. ON APRIL 6, 2001, THE VEHICLE WAS TAKEN TO FORD WEST, ARTESIA BLVD., BELLFLOWER BECAUSE THE CAR WOULD NOT GO INTO PARK WHEN THE BRAKES WERE APPLIED. THE STRANGE PART IS WHEN I PHONED THE DEALERSHIP AND EXPLAINED THE PROBLEM, THEY GAVE ME INSTRUCTIONS ON HOW TO SHIFT THE GEAR AS IF IT WAS PART OF MY OWNER'S MANUAL. I GOT THE IMPRESSION THAT THIS WAS A VERY COMMON PROBLEM FOR THE TAURUS VEHICLE. WHEN THE SERVICE DEPARTMENT AT FORD WEST PULLED THE INFORMATION UP ON THE CAR FROM THE COMPUTER, IT WAS REVEALED THAT THE CAR'S REAR BUMPER HAD BEEN REPLACED WHEN IT HAD 5 MILES ON IT. (THIS WAS NEVER DISCLOSED TO ME). I PICKED UP THE CAR DROVE HOME AND THE BRAKE

CONTINUE ON BACK IF NEEDED

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1058

Date Received: 27-DEC-2002
Repository:
Reference No.: 568454

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: _____
Do you live in the _____ State: _____
Daytime Telephone Number: _____ E-mail Address: _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: _____
Make: FORD Model: TAURUS Model Year: 2000
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine No: _____ Cylinders: _____ Fuel Type: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: _____ Antilock Brakes Powertrain: _____ Vehicle Component Code: 123100 EXTERIOR LIGHTING:TAIL LIGHTS:SWITCH
 Cruise Control Multiple Failures: 3

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s): _____ Failure Mileage: _____ Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM1JABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

CONSUMER STATED THE BRAKE LAMP SWITCH HAS FAILED 3 TIMES, THIS MALFUNCTION CAUSES THE BRAKE LAMP TO REMAIN ON PERMANENTLY, CONSUMER STATED THERE IS A RECALL, HOWEVER IT DOES PERTAIN TO THIS MAKE AND MODEL.*JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1358

Date Received
14-MAY-2003

Repository
Reference No.
10019802

OWNER INFORMATION (Type or Print)

Name
Address
City
Do you
In the
Sign:

Daytime Telephone Number = Mail Address

Evening Telephone Number

Is the vehicle? YES NO
Is it to the vehicle manufacturer.

Date: _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE PROVIDE

Make
FORD

Model
TAURUS

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code

123100 EXTERIOR LIGHTING:TAIL LIGHTS-SWITCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-MAY-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT1AL5ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE VEHICLE EXPERIENCED THE SAME PROBLEM WITH THE BRAKE LIGHT AS STATED IN A RECALL THAT WAS ISSUED, HOWEVER THE VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

Repository

28-MAY-2003

Reference No.
10021751**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number | E-mail Address

Address

City

Do you
In the c
Signateyour vehicle?
less to the vehicle manufacturer. YES NO

Date / /

VEHICLE INFORMATION17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE FILL IN

Make

MERCURY

Model

SABLE

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

125100 EXTERIOR LIGHTING;BRAKE LIGHTS;SWITCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

27-MAY-2003

Failure Mileage

68000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOYMA1SABC036)

 Original Equipment Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe incident(s), failure(s), component(s), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE'S BRAKE LIGHT SWITCH MALFUNCTIONED. *TT

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

This 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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-PASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100145	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 21-MAY-2003	Repository <input type="checkbox"/> Reference No. 10020279
OWNER INFORMATION (Type or Print)		Daytime Telephone Number	E-mail Address
No.	Ad.	vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO to the vehicle manufacturer.	
City	Date / /		
Do ; In c. Sign			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side PLEASE FILL IN		Make MERCURY	Model SABLE
Date Purchased		Dealer's Name and Telephone Number	Model Year 2000
Original Owner	Dealer's City	Engine: No: Cylinders	Fuel Type:
State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 032200 SERVICE BRAKES, HYDRAULIC; SWITCHES; BRAKE WARNING
Multiple Failure: 1			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 18-MAY-2003	Failure Mileage 47000	Failure Speed	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTNALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code	Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
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 Deaths
Reported to Police N			
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if odd part is available).			
THE VEHICLE'S BRAKE LIGHT STAYED ON BECAUSE OF A FAULTY BRAKE SWITCH. *NLM			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY.	
<small>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.</small>			

 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) 386-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 258	
	Date Received 30-MAY-2002		Od or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 782457

OWNER INFORMATION (Type or Print)

Vehicle Make

 YES NO
 to the vehicle manufacturer.

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make MERCURY	Vehicle Model SABLE	Vehicle Year 2000	Current Odometer Reading
Purchase Date 01-MAR-2002	Dealer's Name _____		Engine Size (CID/CCL) 3.0	<input type="checkbox"/> Turbo Diesel Gas Fuel Injecto
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____	<input checked="" type="checkbox"/>
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" 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		Sport UT Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/>		Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03213900 03250900	Part Name(s) BRAKES-HYDRAULIC:SWITCH:BRAKE LIGHT 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 Replacement
No of Failure 1	Date(s) of Failure(s) 29-MAY-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 41000		
	Vehicle Speed at Failure(s) 0		

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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------	----------------------------------	---------------------------	-------------------------------------------------------------------------------------------


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

LEFT OUT OF DRIVEWAY WENT TWO BLOCKS PARKED CAR FRONT OF FRIENDS HOUSE, TWO HOURS LATER I PROCEEDED TO LEAVE. STARTED THE CAR APPLIED MY BRAKE PEDAL AND GOT READY TO SHIFT IN GEAR WHEN IT DIDN'T MOVE EVEN THE BUTTON ON THE SIDE WOULDNT GO IN, TURNED THE CAR OFF AND CALLED FOR A TOWING TRUCK. TOWING TRUCK CAME AND SAID THAT IT MIGHT BE SOME SWITCH ON THE BRAKE SYSTEM BECAUSE HE TOWED AT LEAST 4 THAT SAME WEEK FOR THE SAME PROBLEM. ALSO THE BRAKES LIGHTS WILL NOT COME ON . THIS POSES AS A DANGER BECAUSE IF A PERSON IS DRIVING AND YOU CAN'T TAKE IT OUT OF DRIVE THE ONLY THING YOU WOULD BE ABLE TO DO IS STOP THE CAR WITH THE BRAKES AND KEEP HOLDING THE BRAKE UNTIL YOU GET HELP YOU CAN (

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.

Auto Safety Hotline		FOR AGENCY USE ONLY 788	
 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	
OWNER INFORMATION (Type or Print)		Date Received 24-APR-2002	Pd_or _____ Pt_dt _____ Pd_rt _____ Up_itr _____ Reference No. 8008484
Do; In th; Sign		Work Number _____ Date _____ to the vehicle manufacturer.	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <i>(Located at bottom of windshield on driver's side)</i> N/A	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 2000
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No Restraint System <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	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Sport UR <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000 09306000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL; PEDAL LIGHTING; FUSE; BRAKE LIGHTS	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
No of Failure	Date of Failure(s) 18-APR-2002 Mileage at Failure(s) 24000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AFTER GETTING RECALL 01V075000 REPAIRS DONE FOR PEDAL EXTENDERS CONSUMER WAS UNABLE TO SHIFT GEARS. ALSO, BRAKE LIGHTS HAVE GONE OUT DUE TO THIS RECALL. CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING.*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.			

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FDR AGENCY USE ONLY 778	
	Date Received 25-MAR-2002		Repository <input type="checkbox"/> Reference No. 564810	
OWNER INFORMATION (Type or Print)				
Name _____ Address _____ City _____		Daytime Telephone Number _____ Evening Telephone Number _____		E-mail Address _____
Do you sit in the ab. _____ Signature _____		Is your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO free to the vehicle manufacturer. Date ____/____/____		
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side _____		Make FORD	Model TAURUS	Model Year 2000
Date Purchased _____	Dealer's Name and Telephone Number _____		Engine: No. Cylinders _____	Fuel Type: _____
Original Owner <input type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____	
Transmission Type _____ <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain _____		Vehicle Component Code 123100 EXTERIOR LIGHTING:TAIL LIGHTS:SWITCH Multiple Failures: 2	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) _____	Failure Mileage _____	Failure Speed _____		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make _____		Tire Model (Name or Number) _____		Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM15A8C036) _____		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____	
Tire Component Code _____			Tire Failure Type _____	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make: _____		Date Manufactured: _____	Model No./Name: _____	
Seat Type: _____		Installation System: _____		
Child Seat Component Code: _____		Failed Part: _____		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
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 Deaths _____	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
CONSUMER RECEIVED RECALL NOTIFICATION(01V07800)AND THE VEHICLE WAS TAKEN IN TO HAVE THE REPAIRS MADE, HOWEVER WITHIN THE PAST COUPLE OF WEEKS CONSUMER NOTICED THE GEAR SHIFT WAS GIVING HIM TROUBLE COMING OUT OF PARK, CONSUMER THEN DISCOVERED THAT THE BRAKE LIGHTS WERE NOT COMING ON, BUT WHEN THEY DID COME ON THE GEAR SHIFT WOULD GO INTO GEAR, CONSUMER THEN TOOK THE VEHICLE BACK TO THE DEALER AND INFORMED THEM OF THE PROBLEM THAT HE WAS EXPERIENCING, SINCE IT WAS THE SAME PROBLEM THAT THE VEHICLE WAS IN FOR BACK IN JULY, THE DEALER STATED THE ONLY WAY THE PROCEDURE WOULD BE PERFORMED AGAIN IS IF IT HAPPENED WITHIN 12 MONTHS OR 12,000 MILES, HOWEVER CONSUMER HAD WENT 185 MILES OVER THE WARRANTY, THEREFORE CONSUMER WAS RESPONSIBLE FOR THE CHARGES. *CB				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY				
<small>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 responses may be used to assist the NHTSA in determining whether a manufacturer should take appropriate actions 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.</small>				



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100092

Date Received	Repository <input type="checkbox"/>
02-JUL-2003	Reference No. 10026458

OWNER INFORMATION (Type or Print)		Daytime Telephone Number		E-mail Address	
Name		999 999 9999			
Address		Evening Telephone Number			
City		Is the vehicle a manufacturer's?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Do you intend to sign?					

VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1MEFMES5XYG640594			Make MERCURY	Model SABLE	Model Year 2000
Date Purchased 29-SEP-00	Dealer's Name and Telephone Number			Engine: No. Cylinders 5	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input type="checkbox"/> Anti-lock Brakes	Powertrain	Vehicle Component Code 032100 SERVICE BRAKES, HYDRAULIC:SWITCHES:BRAKE LIGHT		
	<input type="checkbox"/> Cruise Control		Multiple Failure: 2		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 15-APR-2002	Failure Mileage 28141	Failure Speed	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE		
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE		
Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION			
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>			
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 Deaths
		Reported to Police N	

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and the consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

BRAKE LIGHT SWITCH REPLACEMENT FOR 2000 MERCURY SABLE. *MR THE VEHICLE NEEDED A BRAKE LIGHT SWITCH ON TWO SEPARATE OCCASIONS. *SCC *1B

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. **ATTACH ADDITIONAL SHEETS IF NECESSARY.**

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U.S. Department
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National Highway
Traffic Safety
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

03-SEP-2002

Repository Reference No.
8017828

OWNER INFORMATION (Type or Print)

No.

A2

CE

Do

In

Sty.

Ticket YES NO
by vehicle manufacturer.

2 / /

Daytime Telephone Number

E-mail Address

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1MESMS9F5Y7627651Make
MERCURYModel
SABLEModel Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

No. Cylinders

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code

036000 SERVICE BRAKES, HYDRAULIC:ANTLOCK

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-SEP-2002

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LS9ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

 Yes No Yes No

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

BRAKE LIGHT STAYS ON AND CRUISE CONTROL WON'T WORK, AND VEHICLE WILL NOT SHIFT OUT OF PARK. DEALERSHIP IS AWARE OF PROBLEM.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

18-SEP-2002

Repository Reference No.
767341

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you
In the :
Signat

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1MEFM5556YA627117Make
MERCURYModel
SABLEModel Year
2000Date Purchased
01-MAY-00

Dealer's Name and Telephone Number

Engine:
No: CylindersFuel Type:
GasOriginal Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

FRONT WHEEL DRIVE

Vehicle Component Code

032100 SERVICE BRAKES, HYDRAULIC; SWITCHES; BRAKE LIGHT

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Cause(s), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I HAVE NOW HAD TO HAVE THE BRAKE LIGHT SWITCH ON MY CAR REPLACED TWICE. ON JULY 23, 2002 WHILE ON VACATION IN THE ADIRONDACK MOUNTAINS THE BRAKE LIGHTS WERE STUCK ON. I HAD TO DRIVE OVER 100 MILES WITH THE BRAKE LIGHTS ON TO HAVE IT REPAIRED. THIS MORNING (9/18/02) ON MY WAY TO DROP OFF MY CHILDREN AT SCHOOL, A PASSENGER IN ANOTHER VEHICLE FLAGGED ME DOWN AND TOLD ME I HAD NO BRAKE LIGHTS. ANOTHER TRIP TO THE DEALER AND THE BRAKE LIGHT SWITCH WAS REPLACED AGAIN. THERE IS OBVIOUSLY SOMETHING WRONG WITH THIS PART. THANK YOU.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8383 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		FOR AGENCY USE ONLY 120	
	OWNER INFORMATION (Type or Print)		Date Received 15-MAR-2002	Del. or st. dt pd. rt up. ltr _____ _____ _____ _____
_____ 11		Reference No. 8005778		
Do. In # Sign		Work Number _____ _____ _____		
_____		Date _____		

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1FAPP56S89YA208854	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 2000	Current Odometer Reading _____
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input 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		Sport Ut <input type="checkbox"/> 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

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07300000 06000001	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC LIGHTING:GENERAL OR UNKNOWN COMPONENT:BRAKE LIGHT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 0	Date of Failure(s) 12-DEC-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) 31070		Vehicle Speed at Failure(s) 0	

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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage _____	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
VEHICLE WILL NOT COME OUT OF PARK. VEHICLE WAS TOWED TO A DEALER. SECONDLY, BRAKE LIGHTS WILL NOT SHUT OFF.*AK
<small>Continue on Back if needed</small>

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U.S. Department
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(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

02-JUL-2003

Repository Reference No.
20026450

OWNER INFORMATION (Type or Print)

Name
Address
City
Do
In
State

Daytime Telephone Number

E-mail Address

Is this
a vehicle manufacturer? YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1MEFM551YG622663

Make
MERCURY

Model
SABLE

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number
BURLINGTON LINCOLN MERCURY 319-758-5900

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City
WEST BURLINGTON

State
IA

Zip Code
52655

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: D0THAL5ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE RECALL REMEDY FOR RECALL 01 V 078 000 FOR BRAKE LIGHT HAS FAILED.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258	
		Date Received 13-SEP-2002	Repository <input type="checkbox"/>		Reference No. 767134
OWNER INFORMATION (Type or Print)				Dwelling Telephone Number	E-mail Address
First Name					
Address					
City					
Do you intend to sign?				Is this vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Is it the vehicle manufacturer? Date / /	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1MEFM5555YA605867		Make MERCURY	Model SABLE	Model Year 2000	
Date Purchased 01-MAR-01	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 12S100 EXTERIOR LIGHTING: BRAKE LIGHTS: SWITCH Multiple Failure: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 23-JUL-2002	Failure Mileage	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM1SABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).					
I PURCHASED NEW, AND STILL OWN THIS VEHICLE. AT 27083 MILES, THE REAR BRAKE LIGHTS STUCK IN THE ON POSITION. BILL DUBE FORD OF DOVER, NH REPLACED THE BRAKE LIGHT SWITCH FREE OF ALL COSTS TO ME UNDER RECALL NOTICE # 01508. AT 45395 MILES THE REAR BRAKE LIGHTS AGAIN STUCK IN THE ON POSITION. HOWEVER, BRIGHTON FORD-MERCURY OF BRIGHTON, MI REFUSED TO REPLACE THE DEFECTIVE SWITCH UNDER THE RECALL NOTICE CLAIMING THAT, SINCE THE SWITCH HAD ALREADY BEEN REPLACED UNDER THE RECALL NOTICE, FORDS ONLY RESPONSIBILITY WAS TO WARRANT THE REPLACED SWITCH FOR A PERIOD NOT TO EXCEED 12000 MILES OR 12 MONTHS. AS A CONSEQUENCE, I PAID \$63.33 TO HAVE THE SWITCH REPLACED. BASED ON THE FACT THAT ALL THREE SWITCHES, I.E., THE ORIGINAL EQUIPMENT SWITCH, AND BOTH REPLACEMENT SWITCHES HAD IDENTICAL PART NUMBERS (YF1Z*13480*AA) HOW CAN I BE ASSURED THAT: 1) FORD MOTOR COMPANY AND/OR THE SUPPLIER OF THE SWITCH EVER MADE ANY ATTEMPT TO REDESIGN THE SWITCH. WITH THE SAME PART NUMBER, THERE COULD BE THOUSANDS OF DEFECTIVE SWITCHES STILL IN THE MARKETPLACE. 2) THE REPLACEMENT SWITCH, CURRENTLY INSTALLED, WILL NOT FAIL IN APPROX. 25000 MILES JUST AS THE FIRST TWO SWITCHES FAILED. 3) THE LIVES OF MY FAMILY MEMBERS, INCLUDING MYSELF, WILL NOT BE IN JEOPARDY EVERY 27000 MILES BECAUSE OF A REAR-END COLLISION RESULTING FROM SOMEONE'S MISTAKEN IDENTITY OF THE CONSTANTLY ON BRAKE LIGHTS FOR RUNNING LIGHTS, 4) WHY FORD MOTOR COMPANY, OR A					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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
Vehicle Owner's Questionnaire
 NATIONWIDE 1-800-424-8383
 DC METRO AREA (202) 368-0123
 INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 256	
Date Received 26-JAN-2002	Oil or rt_dt _____ pd_rt _____ ap_ft _____
Reference No. 757368	
Do in 1- step	
YES <input type="checkbox"/> NO <input type="checkbox"/> Is manufacturer?	
Date _____/_____/_____	

OWNER INFORMATION (Type or Print)

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1FAFP53U5YG210538 <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 2000	Current Odometer Reading
Purchase Date 01-MAY-2000	Dealer's Name _____		Engine Size (CID/CYL) _____	Fuel Type <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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" 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 _____		Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		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 03213000	Part Name(s) BRAKES:HYDRAULIC:SWITCH:BRAKE LIGHT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 2	Date(s) of Failure(s) 01-JAN-2002	Mileage of Failure(s) 37500	Vehicle Speed at Failure(s) _____
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <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 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(ES)

DEFECTIVE PART (BRAKE LIGHT SWITCH) REPLACED ONCE UNDER RECALL. 2ND REPLACEMENT BRAKE LIGHT SWITCH LASTED ONLY ABOUT NINE MONTHS, SAME AS FIRST ONE, AND FORD WON'T PAY FOR REPLACEMENT, EVEN THOUGH 1ST DEFECTIVE PART WAS OBVIOUSLY REPLACED WITH ANOTHER DEFECTIVE PART. OBVIOUS SAFETY ISSUE AND REPLACEMENT PARTS UNDER RECALL SHOULDN'T BE AS BAD AS THEY PART THEY REPLACED.*AK

CONTINUE ON BACK IF NEEDED

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Auto Safety Hotline		FOR AGENCY USE ONLY 258		
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9383 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		
OWNER INFORMATION (Type or Print)		Date Received	Ref. No.	
745161		24-MAR-2002	759726	
<input type="checkbox"/> Do <input type="checkbox"/> In <input type="checkbox"/> C		of your vehicle's and address to the vehicle manufacturer.		
		Date: / /		
VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	
1FAPP55S4YA132584	FORD	TAURUS	2000	
Purchase Date 01-FEB-2000	Dealer's Name		Engine Size (CID/CC/L) 3.0L	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____	
<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas Fuel Injecto	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" 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 UT Truck <input type="checkbox"/> Motorcycle	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	<th>FAILED COMPONENT(S)/PART(S) INFORMATION</th>		FAILED COMPONENT(S)/PART(S) INFORMATION
Component 09108000	Part Name(s) LIGHTING:SWITCH:BUTTON:RING:BRAKE LIGHTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original Replacement	
No of Failure 1	Date(s) of Failure(s) 05-MAR-2002	Mileage at Failure(s) 48753	Vehicle Speed at Failure(s) 0	
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)				
BRAKE LAMP SWITCH REPLACED ON RECALL APRIL 2001. ON 3/8/2002 WENT INTO GARAGE AND FOUND BRAKE LIGHTS STUCK ON, CAR HAD DEAD BATTERY. HAD CAR TOWED TO AV FORD HAD TO PAY FOR NEW BATTERY, DIAGNOSTIC, AND NEW SWITCH. CONCERNED THAT THE RECALL REPLACEMENT SWITCH WAS DEFECTIVE CAUSING FAILURE. CONTACTED FORD WITH CONCERNS, REQUESTING A PARTIAL REIMBURSEMENT OF THE \$250.00. WAS TOLD SWITCH OUT OF WARRANTY. I AM CONCERNED THAT THE SAME THING WILL HAPPEN AGAIN SINCE THIS IS AN OBVIOUS DEFECT.*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.				



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100892

Date Received: 26-JUN-2003
Repository:
Reference No.: 10026407

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: _____
Do you live at the address of your vehicle? YES NO
Signature: _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAFP525YG158386
Make: FORD Model: TAURUS Model Year: 2000
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: No: Cylinders 6 Fuel Type: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: Antilock Brakes Powertrain: _____
 Cruise Control Vehicle Component Code: 091200 FUEL SYSTEM, OTHER:STORAGE:FUEL GAUGE SYSTEM
Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 09-JUN-2003 Failure Mileage: _____ Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTMALSABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)


Crash: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

PROBLEMS WITH BRAKE LAMP SWITCH WENT OUT ON 2000 FORD TAURUS. *MR. THE BRAKE LIGHT HAD GONE OUT WHICH WAS A RECALL ITEM. THE BRAKE LAMP SWITCH HAD GONE OUT AGAIN AND THE CONSUMER DISCOVERED THE VEHICLE WOULD NOT GO OUT OF PARK INTO DRIVE BUT WAS FINALLY ABLE TO GET IT INTO NEUTRAL AND THEN INTO DRIVE (G2). THE CONSUMER WAS UNAWARE THE BRAKE LIGHT WAS OUT, WHICH WAS THE THIRD BRAKE LIGHT SWITCH IN LESS THAN THREE YEARS. THE CONSUMER REQUESTED A REFUND. THERE WAS NOISE WHICH HAD COME FROM THE BLOWER MOTOR, AND THE FUEL GAUGE ACTED ERRATIC AND THE FUEL PUMP WAS REPLACED. *SOC *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 241</p>	
		<p>Date Received 27-SEP-2002</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 8019668</p>	
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name _____</p> <p>Address _____</p> <p>City _____</p>			<p>Daytime Telephone Number _____</p> <p>Evening Telephone Number _____</p>		<p>E-mail Address _____</p>
<p>Do you _____ In the a _____ Signature _____</p>			<p>If Vehicle _____ is to the Vehicle manufacturer. _____ Date _____</p>		
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1MEFM5350YGG36797</p>			<p>Make MERCURY</p>	<p>Model SABLE</p>	<p>Model Year 2000</p>
<p>Date Purchased _____</p>	<p>Dealer's Name and Telephone Number _____</p>			<p>Engine: No: Cylinders _____</p>	<p>Fuel Type: _____</p>
<p>Original Owner <input type="checkbox"/></p>	<p>Dealer's City _____</p>		<p>State _____</p>	<p>Zip Code _____</p>	
<p>Transmission Type _____</p>	<p><input type="checkbox"/> Antilock Brakes</p>	<p><input type="checkbox"/> Cruise Control</p>	<p>Powertrain _____</p>	<p>Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS</p>	
<p>Multiple Failure: _____</p>					
<p>FAILED COMPONENT(S) / PART(S) INFORMATION</p>					
<p>Incident Date(s) 13-SEP-2002</p>	<p>Failure Mileage _____</p>	<p>Failure Speed _____</p>	<p>_____</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make _____</p>		<p>Tire Model (Name or Number) _____</p>		<p>Tire Size (Example P215/65R15) _____</p>	
<p>DOT No. (Example: DOTM1SABC036) _____</p>		<p><input type="checkbox"/> Original Equipment</p>	<p><input type="checkbox"/> Prior Repair</p>	<p>Failure Location: _____</p>	
<p>Tire Component Code _____</p>				<p>Tire Failure Type _____</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make: _____</p>		<p>Date Manufactured: _____</p>		<p>Model No./Name: _____</p>	
<p>Seat Type: _____</p>		<p>Installation System: _____</p>			
<p>Child Seat Component Code: _____</p>		<p>Failed Part: _____</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured _____</p>	<p>Number of Deaths _____</p>	<p>Reported to Police N</p>	
<p>Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).</p>					
<p>MFR# 01S08 & NHTSA# 01 V 075 000 / FOOT PEDAL GREASE/STOP LAMP: CONSUMER STATES THAT THE BRAKE SWITCH FAILED AGAIN. DEALER AND THE MANUFACTURER HAS BEEN NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. *MR</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p><small>The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.</small></p>					



DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
08-JUL-2003	Reference No. 10025561

OWNER INFORMATION (Type or Print)

Daytime Telephone Number	E-mail Address
17 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO vehicle manufacturer.	

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP5656YA197490	Make FORD	Model TAURUS	Model Year 2000
Date Purchased 27-APR-00	Dealer's Name and Telephone Number FORD OF TULSA		Engine: No. Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City TULSA	State OK	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 032100 SERVICE BRAKES, HYDRAULIC:SWITCHES:BRAKE LIGHT
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 25-JUN-2000	Failure Mileage 34000	Failure Speed 0
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------	-----------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure. i.e., parts repaired or replaced (and if old part is available).

I HAVE A 2000 FORD TAURUS WITH ADJUSTABLE PEDALS. THE CAR WAS SERVICED PER THE INSTRUCTIONS ASSOCIATED WITH RECALL CAMPAIGN 01V078000. SHORTLY AFTER THIS REPAIR, THE BRAKE SWITCH WAS CONTAMINATED WITH GREASE CAUSING THE BRAKE LAMP SWITCH TO BE STUCK IN THE CLOSED POSITION DISABLING THE CRUISE CONTROL AND CAUSING THE STOP LAMPS TO STAY ON. THE CAR WAS REPAIRED UNDER WARRANTY. A LITTLE OVER ONE YEAR LATER, THE SAME PROBLEM OCCURRED AND WAS AGAIN FIXED UNDER THE EXTENDED WARRANTY. IN ESSENCE, THE PROBLEM WHICH WAS SUPPOSED TO BE ADDRESSED IN RECALL CAMPAIGN 01V078000 APPARENTLY WAS NOT ADEQUATELY ADDRESSED AS THE PROBLEM AS REOCCURRED NOT ONCE BUT TWICE SINCE THE REPAIRS ASSOCIATED WITH THE ORIGINAL RECALL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received
30-MAY-2003

Repository
Reference No.
10021969

OWNER INFORMATION (Type or Print)

Name
Address
City

Daytime Telephone Number E-mail Address

Do you
In the
Signature

Manufacturer of your vehicle? YES NO
Is or address to the vehicle manufacturer.
Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FAPP55S2YB225705

Make
FORD

Model
TAURUS

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

031000 SERVICE BRAKES, HYDRAULIC; PEDALS AND LINKAGES

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
30-MAY-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: D07H4LSABC036)

Original Equipment
 Prior Repair

Failure Location:

The Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), complaint, and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

NHTSA#01-V-078-000 VEHICLE DESCRIPTION: PASSENGER VEHICLES EQUIPPED WITH ADJUSTABLE PEDALS. IF THE GREASE FROM THE ADJUSTABLE PEDAL ASSEMBLY ENTERS THE STOP LAMP SWITCH, IT CAN CONTAMINATE THE CONTACTS LEADING TO CARBON BUILD UP, AND POTENTIALLY, A SHORT CIRCUIT. CONSUMER HAS THE SAME PROBLEM. PLEASE PROVIDE FURTHER INFORMATION. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 778

Date Received

08-JUL-2002

Repeatery Reference No.
566473

OWNER INFORMATION (Type or Print)

Daytime Telephone Number

E-mail Address

vehicle? YES NO
the vehicle manufacturer.

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FAPP5859YA188246Make
FORDModel
TAURUSModel Year
2000Date Purchased
03-JUN-00

Dealer's Name and Telephone Number

Engine
No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
110000 ELECTRICAL SYSTEM

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-DEC-2000

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

 Yes No Yes No

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

CONSUMER STATES ON 3 OCCASIONS THE GEAR SHIFT WOULD NOT ENGAGE LEAVING THE CONSUMER STRANDED, WHEN THE VEHICLE WAS TAKEN IN FOR REPAIR, THE DEALER REPAIRED THE BRAKE WIRE, THE SECOND TIME THE GEAR SHIFT WOULD NOT ENGAGE THE DEALER REPLACED THE BRAKE LAMP SWITCH WHICH WAS A RECALL PART, WHICH HAD SHORTED OUT, THE THIRD OCCASION THE BRAKE LAMP SWITCH WAS REPLACED AGAIN, HOWEVER THE DEALER COULD NOT EXPLAIN WHY THIS WAS HAPPENING. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received
23-AUG-2002

Repository
Reference No.
766118

OWNER INFORMATION (Type or Print)

Daytime Telephone Number E-mail Address

Vehicle? YES NO
the vehicle manufacturer.
Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1MEFM53U8YA626748		Make MERCURY	Model SABLE	Model Year 2000
Date Purchased 01-FEB-01	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 032100 SERVICE BRAKES, HYDRAULIC-SWITCHES: BRAKE LIGHT	
Multiple Failure: 2				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-AUG-2002	Failure Mileage	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4LBAC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

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 Deaths	Reported to Police N
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	------------------	-------------------------

Write a Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure.
i.e., parts repaired or replaced (and if old part is available).

BREAK LIGHT SWITCH REPLACED 7-17-2001 AT 26000 MILES AGAIN 8-23-2002 AT 38000 MILES. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY.**
The Privacy Act of 1974-Public Law 93-502 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.



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9383
DC METRO AREA (202) 368-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1039

Date Received

08-APR-2002

 Od_or _____
 Rt_dt _____
 Pd_rt _____
 Up_itr _____

Reference No.

8006986

OWNER INFORMATION (Type or Print)

Title Number

 Vehicle's manufacturer: _____
 Date: ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at base of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FAPP56S2YG22653	FORD	TAURUS	2000	

Purchase Date	Dealer's Name	Engine Size (CID/CCA)	Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<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"/> 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 89306000	Part Name(s) LIGHTING:FUSE:BRAKE LIGHTS	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 43	<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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No


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

BRAKE LIGHTS WERE INOPERABLE. TOOK VEHICLE TO DEALER, AND DEALER INDICATED ADJUSTABLE PEDAL AND BRAKE ASSEMBLY HAD GOTTEN CONTAMINATED. HAD REPAIRED, BUT PROBLEM STILL EXISTS. *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.

Auto Safety Hotline		FOR AGENCY USE ONLY 1367	
 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9383 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov</p>	
OWNER INFORMATION (Type or Print)		Date Received 28-MAY-2002	Od_of _____ rt_dt _____ od_rt _____ up_fr _____ Reference No. 8010865
Do Not Sign		<input type="checkbox"/> YES <input type="checkbox"/> NO to the vehicle manufacturer. Date / /	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1FAFP55494G110388	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 2000
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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	Cruise Control <input type="checkbox"/> Yes <input 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"/> Sport UT <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 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 08006000	Part Name(s) LIGHTING: GENERAL OR UNKNOWN COMPONENT: BRAKE LIGHT	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
No. of Failure	Dates of Failure(s) 25-DEC-2001 Mileage at Failure(s) 45 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>			
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
BRAKE LIGHTS STAY ON ALL DAY, CAUSING VEHICLE TO STAY IN PARK.*AK			
CONTINUE ON BACK IF NEEDED			
<small>The Privacy Act of 1974 (Public Law 93-578) 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.</small>			

 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 10063	
		Date Received 17-JUL-2003	Repository <input type="checkbox"/> Reference No. 10029617
OWNER INFORMATION (Type or Print)		Daytime Telephone Number E-mail Address	
Name	Address		
City	State		
Zip	Is this a vehicle manufacturer? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1NEFM55XVG619082		Make MERCURY	Model SABLE
Date Purchased	Dealer's Name and Telephone Number		Model Year 2000
Original Owner <input type="checkbox"/>	Dealer's City	State	Fuel Type: Gas
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Engine: No. Cylinders
Vehicle Component Code 125100 EXTERIOR LIGHTING: BRAKE LIGHTS: SWITCH		Multiple Failure: 2	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage 24000	Failure Speed	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM1SAB0036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)			
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 Deaths
Reported to Police N			
Narrative Description of Incident(s), Crash(es), and Injury(es). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).			
PROBLEMS WITH 2000 MERCURY SABLE BRAKE LIGHT SWITCH. *MR ON TWO OCCASIONS THE BRAKE LIGHT SWITCH MELTED AND DISCOLORED WHICH CAUSED THE BRAKE LIGHT TO STAY ON. *TS *JB			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
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.			



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
07-JUL-2003

Repository
Reference No.
10025517

OWNER INFORMATION (Type or Print)

Name Address City State Zip E-mail Address	Phone Number E-mail Address
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Defect Recurred	

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1MEFM53U6YA617885		Make MERCURY	Model SABLE	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 034530 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS Multiple Failures: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-JUL-2003	Failure Mileage 24000	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example: P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)


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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

BRAKES SHUDDER WHEN APPLIED, BEEN CUT DOWN ONCE ALREADY STOPPED FOR ABOUT 5000 MILES THEN STARTED AGAIN INCREASING IN INTENSITY AS MILEAGE CLIMBED, ALSO CAR WILL SHUT OFF FOR A MOMENT OR TWO CAUSING LOSS OF ALL POWER, AND ALL DASH INDICATOR LIGHTS TO COME ON, ALSO HAD TO REPLACE BRAKE LIGHT SWITCH TWICE NOW.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-502 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

Auto Safety Hotline		FOR AGENCY USE ONLY 798	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 31-JAN-2002
			Od_or _____ Rt_dtl _____ Od_rt _____ Up_itr _____ Reference No. 8003346
OWNER INFORMATION (Type or Print)			Work Number _____ Yes <input type="checkbox"/> No <input type="checkbox"/> to the vehicle manufacturer. Date ____/____/____
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) 1FAPP55S4YA213445	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 2000
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CYL) _____ No Cylinders _____	Turbo Diesel Gas Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			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
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08308000 15302000	Part Name(s) LIGHTING:FUSE:BRAKE LIGHTS EQUIPMENT:SPEED CONTROL:LINKAGES(12:83)	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
No. of Failure	Dates of Failure(s) 01-JAN-2002 Mileage at Failure(s) 43000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
		Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
BRAKE LIGHTS WOULD CONTINUOUSLY STAY ON, ALSO, HAS AFFECTED CRUISE CONTROL CONTACTED DEALER. *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.			

 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-337-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 258	
		Date Received 23-JUL-2002	Repository <input type="checkbox"/> Reference No. 764624
OWNER INFORMATION (Type or Print)			
Name _____		Dwntime Telephone Number _____	
Addr _____		E-mail Address _____	
City _____			
Do you In th Sign _____		Is your vehicle? draw to the vehicle manufacturer. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date ____/____/____	
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPF53U9YG226001		Make FORD	Model Year 2000
Date Purchased 01-DEC-01	Dealer's Name and Telephone Number _____		Model TAURUS
Original Owner <input type="checkbox"/>	Dealer's City _____	Engine: No: Cylinders _____	Fuel Type: Gas
State _____	Zip Code _____		
Transmission Type _____	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 115000 ELECTRICAL SYSTEM-FUSES AND CIRCUIT BREAKERS
Multiple Failure: 1			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 22-JUL-2002	Failure Mileage _____	Failure Speed 35	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make _____	Tire Model (Name or Number) _____		Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTMALSABC036) _____	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____	
Tire Component Code _____		Tire Failure Type _____	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make: _____	Date Manufactured: _____	Model No./Name: _____	
Seat Type: _____	Installation System: _____		
Child Seat Component Code: _____	Failed Part: _____		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
		Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).			
WIRE ASSEMBLY TO BRAKE LIGHT SWITCH SNAGGED ON TO AND THEN WRAPPED AROUND THE STEERING COLUMN SEVERAL TIMES. THIS RESULTED IN A "NOOSE EFFECT" ON THE STEERING COLUMN THAT PREVENTED HARD RIGHT TURNS OF THE AUTOMOBILE AND EVENTUALLY BROKE OFF THE BRAKE LIGHT SWITCH ASSEMBLY FROM THE BRAKE PEDAL. THIS ALSO RESULTED IN BRAKE LIGHT FAILURE. SPOKE TO FORD ROAD SIDE ASSISTANCE REPRESENTATIVE AND INFORMED THEM THAT THEY SHOULD NOT BE GIVING DRIVERS DIRECTIONS ON HOW TO START THE CAR FROM A NEUTRAL GEAR POSITION TO BYPASS THE INTERLOCK MECHANISM BETWEEN BRAKE AND TRANSMISSION SHIFTER. I RECOMMEND THAT FORD EITHER LOOK AT SECURING THE CABLES OR COVER THE MOVING COMPONENTS OF THE STEERING COLUMN UNDER THE DASHBOARD. *AK			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.			
The Privacy Act of 1974 (Public Law 93-502) 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.			



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

04-AUG-2003

Repository

Reference No.

10030768

OWNER INFORMATION (Type or Print)

Daytime Telephone Number

E-mail Address

 NO
 Is this vehicle manufactured in the United States?

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAFP55ZXYG219327		Make FORD	Model TAURUS	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number PALMER FORD		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City CHELSEA	State MI	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 032100 SERVICE BRAKES, HYDRAULIC:SWITCHES:BRAKE LIGHT	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-AUG-2003	Failure Mileage 70000	Failure Speed	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM1SAR0036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------	-----------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

POOR DESIGN ON BRAKE LIGHT SWITCH ON BRAKE PEDAL.
THE WIRES THAT CONNECT TO THE BRAKE INDICATOR SWITCH ARE MOUNTED ON THE FRONT END OF THE BRAKE PEDAL. THEY ARE POSITIONED 3-4 INCHES ABOVE FOOT LEVEL, A LOCATION WHERE THE WIRES ARE VULNERABLE TO BEING SHEARED OFF WITH AN ERRANT FOOT. ADDITIONALLY, THE WIRE COMING FROM THE WIRE LOOM IS TOO SHORT, LEADING TO STRAIN ON THE WIRE. THE RESULT IS THE WIRE DISCONNECTS AND YOU LOSE THE BRAKE LIGHTS. IN OUR CASE, THE WIRE HELD ON ONLY BY THE INSULATION AND WOULD CONNECT WHEN THE BRAKE WAS LIGHTLY APPLIED (ALLOWING YOU TO SHIFT OUT OF PARK), BUT WOULD FAIL WHEN THE BRAKE WAS FULLY DEPRESSED*AK.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 responses 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.



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 120

Date Received

29-JAN-2002

Od_or
ri_dt
pd_rt
up_itr

Reference No.

8003126

OWNER INFORMATION (Type or Print)

Work Number

VEHICLE
See to the vehicle manufacturer.

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1FAPP5529YA173749	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 2000	Current Odometer Reading
--------------------------------------------------------------------------------------------------------------------	----------------------	-------------------------	----------------------	--------------------------

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
----------------------------------------------------------------------------------------	--------------------------------------------------------	---------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input 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 UT <input type="checkbox"/> 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
-------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09108000 10130000	Part Name(s) LIGHTING:SWITCH:BUTTON:RING:BRAKE LIGHTS VISUAL SYSTEMS:GLASS:WINDOW:REAR-VIEW BACKLIGHT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 0	Date of Failure(s) 02-FEB-2001 Mileage at Failure(s) 431097 Vehicle Speed at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------	------------------------------------------------------------------	--------------------------------	---------------------------	---------------------------	--------------------------------------------------------------------------------

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

CONSUMER WAS STILL HAVING A PROBLEMS WITH BRAKE LIGHTS. AT ONE POINT SHE WAS TOLD THAT WIRES WERE BURNED OUT THAT LEAD TO BRAKE SWITCH. ALSO, HAVING PROBLEMS REAR WINDOW ON DRIVER SIDE.*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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-CASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received
7 PM 12: 28
28-MAR-2003

Repository
Reference No.
10014667

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you sit
in the ab
Signature

Home Telephone Number

E-mail Address

YES
 NO
Vehicle is a spare part.

VEHICLE INFORMATION

17 Digit Vehicle Identification Number (except of motorcyclists on driver's side)
1MEFA83U0YM444287

Make
MERCURY

Model
SABLE

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number
University - Mercury

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
Athens

State
GA

Zip Code

Transmission Type

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
12000 EXTERIOR LIGHTING

Multiple Failures: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
3/28/03

Failure Mileage
95,400

Failure Speed
all

Brake light wire harness broken at the brake pedal

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Make or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash
 Yes No

Fire
 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police
N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE BRAKE LIGHTS AND TAIL LIGHTS DID NOT FUNCTION WHEN THE BRAKE PEDAL WAS APPLIED. *JB

I replaced the wire harness that connects to the brake controls switch at the brake pedal.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoic.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and subsequent amendments. You are under no obligation to respond to this survey. 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
09-JUN-2003

Repository
Reference No.
10021298

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you
In the
Signal

Daytime Telephone Number

E-mail Address

vehicle?
to the vehicle manufacturer.
Date / /
 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPP5596YA199788		Make FORD	Model TAURUS	Model Year 2000
Date Purchased 20-JUL-01	Dealer's Name and Telephone Number CROSSROADS FORD (919)460-5620		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City CARY	State NC	Zip Code 27511	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain UNKNOWN	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS Multiple Failure: 17	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-JUN-2003	Failure Mileage 43515	Failure Speed 0	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4LSABC136)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------	-----------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

2000 FORD TAURUS, BRAKE LAMP SWITCH ALWAYS STAYS ON.
NHTSA SHOWS THAT THERE WAS A RECALL FOR THIS PROBLEM.
FORD WOULD NOT HONOR THE RECALL ON MY CAR AND REPLACE
THE FAULTY BRAKE SWITCH, DEALER SAID MY CAR WAS NOT ONE
OF THE 157,000 CARS EFFECTED. SO I HAD TO PAY \$213.00
TO HAVE THEM REPLACE THE FAULTY BRAKE SWITCH THAT WAS
A PROBLEM LISTED AS A RECALL ON NHTSA.

NHTSA RECALL NO. 01V07B/FORD RECALL NO. 01508. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-502 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FDR AGENCY USE ONLY 1375

Date Received

14-JUL-2003

Repository

Reference No.
10027206

OWNER INFORMATION (Type or Print)

Daytime Telephone Number

E-mail Address

1? YES NO
vehicle manufacturer.

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1MEFMSSDYA6L7103

Make
MERCURY

Model
SABLE

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

125100 EXTERIOR LIGHTING: BRAKE LIGHTS: SWITCH

Cruise Control

Multiple Failure: 1

FAILED COMPONENT (S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE BRAKE LIGHTS MALFUNCTIONED BY CONSTANTLY REMAINING ILLUMINATED WHETHER OR NOT FOOT IS APPLIED TO PEDAL. THIS OCCURRED AS A RESULT OF FOOT PEDAL GREASE COMING INTO CONTACT WITH THE STOP LAMP SOCKET. RELATED RECALL 01V078000, BUT CONSUMER'S VEHICLE NOT INCLUDED DUE TO VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoic

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-509) 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

08-JUL-2003

Repository Reference No.
10025613

OWNER INFORMATION (Type or Print)

Telephone Number: _____ E-mail Address: _____

City Telephone Number: _____

 YES NO
Is this vehicle manufacturer?

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1NEFM55S71G600561		Make MERCURY	Model SABLE	Model Year 2001
Date Purchased 20-OCT-02	Dealer's Name and Telephone Number		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 125100 EXTERIOR LIGHTING: BRAKE LIGHTS: SWITCH	
			Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-JUL-2003	Failure Mileage 48506	Failure Speed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4L9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Name:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------	-----------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I HAD TO GET MY BRAKE LIGHT SWITCH REPLACED BECAUSE MY CAR WOULDNT SHIFT OUT OF PARK. WHEN SPEAKING TO THE DEALERSHIP'S SERVICE TECHNICIAN, IT SOUNDED LIKE THIS WAS A COMMON PROBLEM WITH MY TYPE OF CAR. A FRIEND OF MINE WITH A SIMILAR CAR (FORD TAURUS) HAD THE SAME PROBLEM. IS THIS A POSSIBLE DEFECT THAT SHOULD BE RECALLED? AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to a 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

23-DEC-2000

Repository Reference No.
738185

OWNER INFORMATION (Type or Print)

Daytime Telephone Number

E-mail Address

Vehicle? YES NO
Is vehicle manufacturer.

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1NEFM5558YG632848

Make

MERCURY

Model

SABLE

Model Year

2000

Date Purchased

01-JUL-00

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

FRONT WHEEL DRIVE

 Cruise Control

Vehicle Component Code

063000 ENGINE AND ENGINE COOLING:EXHAUST SYSTEM

Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

22-AUG-2000

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

 Original Equipment Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

KOONS LINCOLN-MERCURY SERVICE TECHNICIANS HAVE STATED THAT THE EMISSION LIGHT STAYS ILLUMINATED BECAUSE VEHICLE HAS A DEFECTIVE FUEL VAPOR TRANSFER SYSTEM. AIR BAG LIGHT WAS ILLUMINATED DUE TO A DEFECTIVE LEFT FRONT AIR BAG SENSOR. BRAKE LIGHTS INOPERATIVE DUE TO A SWITCH STOP LAMP AND BROKEN WIRE. THIS DEFECT ALMOST CAUSED ME TO GET REAR-ENDED IN STOP AND GO TRAFFIC ON BALTIMORE'S BELTWAY. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8383 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 20-OCT-2001
	OWNER INFORMATION (Type or Print) _____ _____ _____		Ref. No. 753488
Work _____ Home _____		Dealer _____ <input type="checkbox"/> YES <input type="checkbox"/> NO s to the vehicle manufacturer. Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 1FAFP5327YG222530	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 2000
Purchase Date 01-APR-2001		Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CYL) 3.0 No. Cylinders _____ <input type="checkbox"/> Turbo Diesel Fuel Injected
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input 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 _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03213000	Part Name(s) BRAKES:HYDRAULIC:SWITCH:BRAKE LIGHT	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 17-OCT-2001 35928 Mileage at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>#1 WIRE TO THE BRAKE LIGHT SWITCH LOCATED ON THE BRAKE PEDAL BROKE AT THE WIRE TO SWITCH CONNECTOR. THE WIRE LOOM WAS MOUNTED TOO SHORT AND DID NOT ALLOW FOR BRAKE PEDAL TRAVEL. THE INITIAL PROBLEM WAS FOR INTERMITTENT BRAKE LIGHTS. THE DEALER COULD NOT FIND THE PROBLEM AT WHICH TIME I TROUBLE SHOOTED THE PROBLEM MY SELF. WITH NO BRAKE LIGHTS THE TRANSMISSION WILL NOT COME OUT OF PARK AND THERE WAS NO BRAKE LIGHTS WHEN STOPPING CAUSING A POTENTIAL ACCIDENT. ADDITIONAL WIRE WAS ADDED TO THE FACTORY WIRING AT THE SWITCH CONNECTOR TO ALLOW FOR BRAKE PEDAL TRAVEL. THIS COULD CAUSE POTENTIAL WIRING PROBLEMS AT A LATER DATE. ALL REPAIRS WERE MADE BY SELF. I AM AN ASE CERTIFIED MECHANIC. *AK</p>			
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.			



U.S. Department
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

Repository

2003 JUN 05 12:37 PM

Reference No.
10022828

OWNER INFORMATION (Type or Print)

Name

Address

City

Day
Tel
State

Daytime Telephone Number E-mail Address

Is this vehicle
a safety recall?
 YES NO

VEHICLE INFORMATION

Make FORD		Model TALBUS	Model Year 2000
Date Purchased 4-2001	Dealer's Name and Telephone Number CDA-STORY FORD		Engine: No. Cylinders 6
Original Owner <input type="checkbox"/>	Dealer's City COLDWATER	State MI	Zip Code 49036
Transmission Type <input type="checkbox"/> Automatic <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 125180 EXTERIOR LIGHTING: BRAKE LIGHTS: SWITCH	
Failure Code: 1			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-JUN-2003	Failure Mileage 52000	Failure Speed	BRAKE LIGHT SW. TCH
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOT148A1BC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Aftermarket	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation Source:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

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 Deaths	Reported to Police N
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e. parts repaired or replaced (and if old part is available).

BRAKE LAMP SWITCH HAS MALFUNCTIONED. DEALER NOTIFIED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) gives individuals the right to request access to, and correction of, information maintained by the National Highway Traffic Safety Administration. Your response may be used in both the NHTSA's determination whether a manufacturer should take appropriate action to correct a safety defect, and 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Within (3) three years the Brake Light Switch Has Failed
Due To Grease or oil Leaking into the Switch, according
to the Mechanic. The second time we had it replaced
was due to a Recall from Ford Motor Co.
when the switch fails all the rear brake lights
come on and the cruise goes off. This could affect
the person following you thinking you are stopping
or slowing down on the highway. Maybe the recall
should be looked into a little more. Three times
in three years is a bit too much, I would think!

Thank you

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation
National Highway
Traffic Safety
Administration

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

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Penalty for Private Use \$300



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UNITED STATES

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety
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http://www.safercar.gov



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received
16-APR-2001

Repository
Reference No.
744110

OWNER INFORMATION (Type or Print)

Name

Address

City

Daytime Telephone Number

E-mail Address

Do you sign this as
Signature

Is this vehicle?
the vehicle manufacturer?
 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FAPPSLKYA109012		Make FORD	Model TAURUS	Model Year 2000
Date Purchased 01-AUG-00	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input checked="" type="checkbox"/> Antilock brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 032100 SERVICE BRAKES, HYDRAULIC:SWITCHES:BRAKE LIGHT	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-APR-2001	Failure Mileage	Failure Speed 0	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)


Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------	-----------------------	-------------------------


Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure(s), parts repaired or replaced (and if old part is available).

BRAKE SWITCH HAD A LOOSE WIRE PER GATEWAY LINCOLN/MERCURY MECHANIC AND WAS REPLACED UNDER WARRANTY, DRIVER COULD NOT SHIFT OUT OF PARK. NO BRAKE LIGHTS WERE OPERATIONAL. FORTUNATELY THIS DID NOT OCCUR WHILE DRIVING OR VEHICLE WOULD HAVE BEEN STRANDED IN THE ROAD OR POTENTIAL REAR END COLLISION FROM FAILURE OF BRAKE LIGHTS TO ILLUMINATE WHILE SLOWING OR STOPPING.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 305	
	Name _____ Address _____ City _____		Date Received 21-AUG-2001	Repository <input type="checkbox"/> Reference No. 562627
OWNER INFORMATION (Type or Print)		Daytime Telephone Number _____ Evening Telephone Number _____	E-mail Address _____	
Do you In the Sign?		IDICM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO the vehicle manufacturer. Is _____ / _____ / _____		
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAPP5B50YA187762		Make FORD	Model TALURUS	Model Year 2000
Date Purchased 01-APR-00	Dealer's Name and Telephone Number _____		Engine: No. Cylinders _____	Fuel Type: _____
Original Owner <input checked="" type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____	
Transmission Type _____	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain _____	Vehicle Component Code 123100 EXTERIOR LIGHTING:TAIL LIGHTS:SWITCH Multiple Failures: 2	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 27-MAR-2001	Failure Mileage _____	Failure Speed _____		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make _____	Tire Model (Name or Number) _____		Tire Size (Example P215/65R15) _____	
DOT No. (Example: DOTM15ABC036) _____	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____		
Tire Component Code _____			Tire Failure Type _____	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make: _____	Date Manufactured: _____	Model No./Name: _____		
Seat Type: _____	Installation System: _____			
Child Seat Component Code: _____	Failed Part: _____			
APPLICABLE INCIDENT INFORMATION				
<i>(Please describe to detail the incident(s), failure(s), crash(es), and injury(es).)</i>				
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 Deaths _____	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(es). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
CONSUMER RECEIVED RECALL 01508 AND REPAIRS WERE MADE, HOWEVER RECALLED PART HAS FAILED, CAUSING NO BRAKE LIGHTS AND CAUSING VEHICLE TO LOCK UP IN PARK. *SLC				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY				
<small>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.</small>				

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Auto Safety Hotline</p> <h2 style="text-align: center;">Vehicle Owner's Questionnaire</h2> <p style="text-align: center;">NATIONWIDE 1-800-424-8383 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>		<p>FOR AGENCY USE ONLY 258</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p style="text-align: right;">#2</p>		<p>Date Received</p> <p style="text-align: center;">24-MAY-2001</p>	<p>Od_or _____ rt_at _____ od_rt _____ up_itr _____</p> <p>Reference No.</p> <p style="text-align: center;">745862</p>
		<p>W: _____ H: _____</p>		<p>vehicle? yes to the vehicle manufacturer.</p> <p style="text-align: center;">Date / /</p>

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
1FAPP522XYA157884	FORD	TAURUS	2000		
Purchase Date 01-FEB-2000	Dealer's Name _____		Engine Size (CID/CCA) 3.0L 2	Turbo Diesel Gas Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____	<input checked="" type="checkbox"/>	
Transmission Type <input type="checkbox"/> Manual <input 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"/> Driver-side Airbag <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" 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
					Body Style <input checked="" 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 03220000	Part Name(s) BRAKES-HYDRAULIC:POWER ASSIST:VACUUM SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 4	Date(s) of Failure(s) 05-APR-2001 25493 Mileage at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p>MAJOR SHORTAGE IN BRAKE LIGHTS. THEY WORK WHENEVER THEY CHOOSE TOO. THIS HAS BEEN REPORTED TO DEALER SEVERAL TIMES AND THEY HAVE REPLACED BRAKE SWITCH SEVERAL TIMES. IT WORKS FOR ABOUT A WEEK THEN IT GOES OUT AGAIN. WHEN IT IS NOT WORKING I CANNOT GET. *AK</p>

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.



U.S. Department
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National Highway
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Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1033

Date Received

24-AUG-2001

Od_or
M_dt
Pd_rt
Up_ftr

Reference No.

895143

OWNER INFORMATION (Type or Print)

75

W
H

Is this vehicle? YES NO
Please direct all correspondence to the vehicle manufacturer.

Date / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 1FAPP55SXVA110627	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 2000	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC) _____ No. Cylinders _____	Turbo Diesel Gas Fuel Injection
----------------------------------------------------------------------------------------	--------------------------------------------------------	---------------------------------------------------	------------------------------------------

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <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 Utility 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 _____
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08306000	Part Name(s) LIGHTING:FUSE-BRAKE LIGHTS	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 24-AUG-2001 37 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	--------------------------	-------------------------------------------------------------------------------------------

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

WHEN ENGINE IS TURNED OFF AND THE KEY IS REMOVED FROM IGNITION REAR BRAKE LIGHTS REMAIN ON. DEALER HAS YET TO BE CONTACTED. PLEASE PROVIDE FURTHER DETAILS. *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.



U.S. Department
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National Highway
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Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

02-JUN-2003

Repository

Reference No.
10021979

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you sign
for the
Signature

Daytime Telephone Number

E-mail Address

Is this vehicle?
to the vehicle manufacturer? YES NO

Date: 6/1/03

VEHICLE INFORMATION

Make MERCURY		Model SABLE	Model Year 2001 2000
Date Purchased 10-20-2000	Dealer's Name and Telephone Number D.C. Wash. Park Lincoln Mercury, Inc.		Engine: No. Cylinders 6
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Fuel Type injection
Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTLOCK		Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 02-JUN-2003	Failure Mileage	Failure Speed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOT14SABC159)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident, location, condition, and injury.)

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 Deaths	Reported to Police N
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	------------------	-------------------------

Narrative Description of Incident(s), Condition, and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure,
i.e., parts repaired or replaced (and if old part is available).

NHTSA#01-V-078-000 VEHICLE DESCRIPTION: PASSENGER VEHICLES EQUIPPED WITH ADJUSTABLE PEDALS. IF THE GREASE FROM THE ADJUSTABLE PEDAL ASSEMBLY ENTERS THE STOP LAMP SWITCH, IT CAN CONTAMINATE THE CONTACTS LEADING TO CARBON BUILD UP, AND POTENTIALLY, A SHORT CIRCUIT. THIS RECAL FAILED. DEALER HAS INSPECTED SEVERAL TIMES AND STILL THE PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Problem: Brake lamp switch. Ford's Recall # 01202. Date: July 2001.
1st replaced. 3-01-2001 by Motor Ford ph. 912-685-2141
2nd replacement by Jimp Ford ph. 912-427-3701
Not sure of date but a few months after the 1st replacement.
3rd 9-10-02 by Jimp Ford
4th 3-3-03 by Motor Ford
5th 6-2-03 by Motor Ford
6th 4-25-04 by Motor Ford

Although these design have not always replaced the brake light switch there has been a lot of recall in the 4 months and I am not sure that the electrical will not fail again.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



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National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial for free at

1-888-DASH-2-STOP

1-888-327-4230

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
http://www.safercar.gov



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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INTERNET: www.nhtsa.dot.gov/hotline

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Date Received

Repository

2003 SEP 22

PH 11:27
25 AUG 2003

Reference No.
10034441

OWNER INFORMATION (Type or Print)

Mr.
Ms.
Dr.
Other

YES
is manufacturer. NO
103

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on owner's side 1FAPP534YGL78340		Make FORD	Model TALUS	Model Year 2000
Date Purchased July 2000	Dealer's Name and Telephone Number FORD MOTORS 918-280-5828		Engine No. Cylinders	Fuel Type
Original Owner <input checked="" type="checkbox"/>	Dealer's City TULSA	State OK	Zip Code 74136	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 181000 VEHICLE SPEED CONTROL/ACCELERATOR PEDAL	
Multiple Failure: 1				

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)	Failure Message	Failure Speed
------------------	-----------------	---------------

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOT14A19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident, failure(s), condition, and injury(s).)

Crash <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------	-----------------------	-------------------------

Provide a brief description of incident(s), crash(es), and injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE REMEDY FOR THE FOOT PEDAL GREASE/STOP LAMP RECALL 01 V 078 000 FAILED, AND THE DEFECT OCCURRED: *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and its employees. 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 be a 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

1. Can not shift out of park
 2. brake lights inoperative
 3. Shift interlock disabled

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

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OR

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and dial toll free at

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1-888-327-4235

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

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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FDR AGENCY USE ONLY 1367

Date Received **2003 AUG 22-JUL-2003** Repository

Reference No. **10029789**

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City **Islip** State **NY** Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone 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 authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date **7/31/03**

VEHICLE INFORMATION

17-digit Vehicle Identification Number located in bolt area of windshield or driver's door
1MEFH5580G622340 Make **MERCURY** Model **SABLI** Model Year **2000**
Date Purchased **4/4/04** Dealer's Name and Telephone Number **L & B Mercury 631-669-2601** Engine No./Cylinders **6** Fuel Type **Gas**
Original Owner Original Equipment Dealer's City **Babylon** State **NY** Zip Code **11704**
Transmission Type **Auto** Automatic Brakes Cruise Control Powertrain **3.0 V6** Vehicle Component Code **125100 EXTERIOR LIGHTING/BRAKE LIGHTS-SWITCH**
Multiple Failure: **4**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) [Redacted] Failure Mileage **4000** Failure Speed [Redacted] **Brake light switch 4x in 2000 mi**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]
DOT No. (Example: DOTR15ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(From description in detail the incident, failure(s), condition, and location(s))

Crash Yes No Fire Yes No Number of Persons Injured [Redacted] Number of Deaths [Redacted] Reported to Police **N**

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

BRAKE LIGHT SWITCH CONTINUOUSLY FAILS AND NEEDS REPLACEMENT. THIS IS CAUSED BY GREASE CONTAMINATION FROM THE ADJUSTABLE PEDAL LINKAGE AS STATED IN RECALL 01 V 078 000. *AK

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and independent contractors. 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 a preventive action to correct a safety defect. If the NHTSA proceeds with an administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Brake w/switch failed 4x in 8000 miles / Dollar Rental
Switch 3x / I replaced brake with switch dealer gave me
to carry in car / stop lines remain on when switch fails
having no indication of brake application to following
traffic / L & B Service Reps say switches are no
good and have no solution / car is new - off
warranty / Ford complaint line / tells me there
is nothing they can do / I have informed Ford
complaint line 1-800-292-3673 I will hold them
responsible if a rear end accident occurs because
they will not address the problem. car HAS 80k
miles just 3 years old. please help me.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Traffic Safety
Administration

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Washington, D.C. 20590

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Washington, DC 20590



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1-888-DASH-2-DOT
1-888-327-4236

DASH2DOT
and dial toll free at

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ON

DOT AUTO SAFETY HOTLINE

**VEHICLE
OWNER'S
QUESTIONNAIRE**



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-STOP
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received

MAY 26 AM 8:54
20-MAY-2003

Repository

Reference No.
10020149

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: WYOMING State: MI Zip Code: [REDACTED]

Daytime Telephone Number

[REDACTED]

E-mail Address

[REDACTED]

Evening Telephone Number

[REDACTED]

Do you subscribe 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 disclose your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 6/16/03

VEHICLE INFORMATION

Make	MERURY	Model	SABLE	Model Year	2000
Date Purchased	7/02	Dealer's Name and Telephone Number	Tony Bolton + Song Ford 616-363-6841		Engine: 3.0L 24V No. Cylinders: 6
Original Owner	<input type="checkbox"/>	Dealer's City	State	Zip Code	Fuel Type: unleaded
		Grand Rapids	MI	49505	
Transmission Type	Auto	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code	11000 ELECTRICAL SYSTEM
		<input type="checkbox"/> Cruise Control		Multiple Failures:	1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 17-MAY-2003
Failure Mileage: 46,000
Failure Speed: 76 MPH
Brake light SW. ASSY PF1Z 13480 AA

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOT H4LSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe accident, incident, failure, condition, and repair.)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N

Narrative Description of Incident(s), Crash(es), and Injury (ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING AND WITHOUT WARNING THE ELECTRICAL SYSTEM FAILED. 48M
ON several occasions in the preceding 2 weeks, I noticed my brake lights at rear of vehicle were stuck ON. This happened both when parked, key off, Engine off, And it also occurred while driving. (I could not activate cruise control while driving.) On 2 occasions, Brake lights came on by themselves after being parked for several hours. My Biggest failure occurred (cont.)

Include, if available: Police/Fire Department Report, Photos, and Repair Invoils.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 responses may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proposes with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of this agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

while driving on the highway at about 36 mph. The Cruise Control was set. When I applied brakes to slow down for traffic congestion, The Cruise Control would NOT deactivate; I had to manually turn off the cruise with the steering wheel mounted off switch. Brake light switch assembly was replaced by myself, Cost: \$19.52. Upon closer inspection of defective switch, I noticed signs of extreme heating. The switch contacts were discolored (blueish/black) and the plastic switch housing melted in several key places.

The Service Manager at Tony Patton & Sons Ford (on Plainfield in Grand Rapids MI) is aware of this incident and He gave me a free oil change as compensation. ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
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400 Seventh St., S.W.
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1-888-327-4236

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TONY BETTEN & SONS

We Treat You Like Family
 2800 PLAZA BLVD., NE - GRAND RAPIDS, MI 49508-2014
 PHONE (616) 262-4871 FAX (616) 262-2482
 WATTS LINE (616) 262-2183

NOTICE: ALL CLAIMS AND RETURNED GOODS
 MUST BE ACCOMPANIED BY THIS BILL.
 NO RETURNS AFTER 30 DAYS.
 15% HANDLING CHARGE ON ALL RETURNED PARTS.

ee

DATE ENTERED 13 MAY 03	YOUR ORDER NO.	DATE SHIPPED 13 MAY 03	INVOICE DATE 13 MAY 03	INVOICE NUMBER 43783
----------------------------------	----------------	----------------------------------	----------------------------------	--------------------------------

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ACCOUNT NO. C9000

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PAGE 1 OF 1

SHIP VIA		TERMS	P.O.#			
CASH		CASH	GRAND RAPIDS, MI			
QTY	SHIP	EQ. (PART NUMBER)	DESCRIPTION	UNIT	PRICE	AMOUNT
1	1	0 PP12*13480*AA	BW ASY-SIF		19.22	17.47
				P A I D MAY 13 2003 Tony Betten Ford, Inc. THANK YOU		PARTS HOURS OF OPERATION MONDAY & WEDNESDAY 8:00 A.M. - 8:00 P.M. TUESDAY, THURSDAY, FRIDAY 8:00 P.M. - 9:00 P.M. SATURDAY 9:00 A.M. - 3:00 P.M. (Closed June - Aug.)
				PARTS	17.47	
				SUBT		
				FREIGHT	0.00	
				SALES TAX	1.05	
				TOTAL	18.52	

CUSTOMER COPY



US Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received _____
od_ftr _____
up_ftr _____
Reference No. _____

Daytime Telephone Number _____

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 or address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side) **1FAFP55S6YA188290** Make **Ford** Model **Taurus** Year **2000**

Purchased Date **3-27-00** Dealer's Name **Schultz Ford Inc.** Engine Size (CID/KCA) _____ Turbo Diesel Gas Fuel Injection

New Used Dealer's City **Nanuet** State **NY** Zip Code **10954** No. Cylinders **6**

Manufacture Date (on driver's door or pillar) _____ Transmission Type Manual Automatic Restraint System Driver's Side Air Bag Passenger's Side Air Bag 2-Point Belt 3-Point Belt Cruise Control Yes No Drivetrain Front Rear 4-Wheel Vehicle Type Car Sport Utility Van Truck Minivan Motorcycle Other Body Style 2-Door 4-Door Station Wagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacements	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand _____ Tire Name _____ Complete Tire Size _____

No. of Failures _____ Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____

Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).
I am a Senior Citizen who purchased a new Ford Taurus because my previous vehicle, which was problem free was approaching 100,000 miles. I was under the impression that a new vehicle would be safer. I was wrong. I have had numerous problems with the brake switch and it has had to be replaced many times as you can see by the service reports. These brake switch failures have caused 2 basic problems. Either my brake lights stay on after shutting the car off thereby killing the battery, or the brake lights don't come on when the brake pedal is stepped on making it impossible to move the shifter out. -Continue on back.

The Privacy Act of 1974 - Public Law 93-578 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

of park, due to the safety feature. Both problems render the vehicle useless. I now have no confidence in my vehicle and hesitate to rely on it for fear that it will break down again. In addition I have numerous other problems with the vehicle, however, none that has recurred as many times as the brake switch problem.

I applied for the "Lemon Law" and was denied because of #7 (18,000 miles or 24 months) however, I had under 18,000 miles, but I was shy a couple of days within the 3 year period. I feel that I do qualify for the "Lemon Law" and should be reconsidered.

My warranty of 36,000 miles will be over soon. I feel that same provision should be considered if this problem continues.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Office of Defects Investigation, NSA-10.01
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Complete and return or place in your car manual for future use


**VEHICLE
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(V00)**

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and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline


Documentation of Problems

Brake Switch Problems - Main Complaint

Date	Company	Inv. #
1. 8-4-00	McDaniel Ford - Vehicle <u>Towed</u> From my residence	FOCS42226
2. 2-9-01	Schultz Ford	FOCS135400
3. 3-21-01	Schultz Ford	FOCS137078
4. 4-5-02	Syosset Ford Vehicle towed from my residence to Syosset Ford. Switch, stop Lamp Replaced and repaired wire Assembly	#85526
5. 4-9-02	Syosset Ford Replaced Brake Switch	#85630
6. 4-19-02	Syosset Ford Installed wire on Brake switch	#85935

If you need copies of these invoices
please contact me at 516-671-1290.

Thank You





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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received: 29-APR-2003
Repository:
Reference No.: 10017740

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: CANTON State: OH Zip Code: 44718

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [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 or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 5-1-2003

VEHICLE INFORMATION

1) Did the Vehicle Identification Number (VIN) on the vehicle match the VIN on the title? YES NO
PLEASE PROVIDE: [Redacted]
Make: MERCURY Model: SABLE Model Year: 2000
Date Purchased: 7-7-2000 Dealer's Name and Telephone Number: Lincoln Way Motors, Inc. 330-832-5047
Original Owner: Dealer's City: Massillon State: OH Zip Code: 44646
Engine: No: Cylinders: reg.
Transmission Type: automatic Antilock Brakes Cruise Control Powertrain: [Redacted]
Vehicle Component Code: 125000 EXTERIOR LIGHTING: BRAKE LIGHTS
Multiple Failures: [Redacted]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 17-APR-2003
Failure Mileage: [Redacted]
Failure Speed: [Redacted]
See attached service report

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM4SABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE REAR BRAKE LIGHTS DID NOT ILLUMINATE WHEN THE BRAKE WAS APPLIED. *NLM

The brake light switch has been replaced four times since I purchased the car. (See copy of service from dealership). Each One of the four times was a recall (4-13-01 #01508). When the switch failed the other (over)

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and its employees. You are under no obligation to respond to this questionnaire. Your responses 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 a collaborative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

times I was unable to get my car out of park (in a normal fashion) and I had no brake lights.

This is a safety issue as I have no brake lights when the part fails. It is a security issue because I never know where or when I will be stuck in park and left without brake lights

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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Official Business Penalty for Private Use \$300



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**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS, (C) COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

or **1-888-327-4236**

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, DC 20590

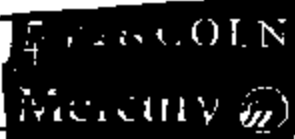
F Y I

I registered a
complaint about this
matter with the Ford
Customer Assistance
Center in June, 2002 and
again in April, 2003.



3 Please
If you are satisfied
with the service,
please indicate
your satisfaction
Should the dealer
not be satisfied,
check one

Very Satisfied
Satisfied
Not Satisfied
Very Dissatisfied



Lincoln Way LINCOLN WAY MOTORS INC

1136 Lincoln Way E.
Massillon, OH 44862-6894
Telephone: (330) 832-5047
Fax: (330) 832-0709

Ford Motor Company
Vehicle No.: YC626227

VIN: 1MEFM5501YC626227

YEAR	MAKE	MODEL	TRIM	TYPE	PRICE
2000	MERCURY	SABLE			

Recd. Next Service: /--/ Insp. Month: 07
 Stock No.: 2038 Salesman: DOUG LAB.
 Svc. Contract: Exp.: 00/00
 Memo:

R/O	Date	Odom.	TW	T	Service	Total
I508A	07/07/00	165	05	I	PREDELIVERY KEYCODE 1039X	62.57
13729A	10/31/00	1375	05	W	00L03	11.61
13729B	10/31/00	1375	05	W	00B55	23.22
13741A	11/10/00	1475	05	W	CK OUT SHIFTER WILL NOT COME OUT OF PARK	28.42
13741B	11/10/00	1475	27	W	CK OUT ABS LIGHT COMES ON	52.24
3859A	04/12/01	3327	25	C	OIL AND FILTER	21.95
3118A	04/13/01	3327	79	W	01808	34.23
15551A	07/30/01	5038	05	W	ABS LIGHT COMES ON	98.22
4616A	08/31/01	6158	24	C	OIL AND FILTER	25.55
15720A	10/05/01	6435	79	W	SUN ROOF INOP	61.32
5193A	06/20/02	9428	79	W	01824	32.41
6164A	06/20/02	9428	70	C	OIL AND FILTER	24.65
5145A	06/28/02	9536	05	W	SHIFTER WILL NOT COME OUT OF PARK	29.41
00282A	11/25/02	12101	48	C	OIL AND FILTER	25.55
00282B	11/25/02	12101	48	C	CK FRT TIRES LEAKING	.00
00282C	11/25/02	12101	70	W	02840	12.26
01279A	04/17/03	13695	77	W	CK OUT WILL NOT COME OUT OF PARK	29.41

DISCLAIMER OF WARRANTIES
 Any warranties on the product sold hereby are those made by the manufacturer. The dealer hereby represents that it is not making any representation or warranty, including any implied warranty of merchantability of fitness for a particular purpose, and neither accepting nor rejecting any person is permitted to rely on the dealer's representation or warranty. Any liability contained hereon is hereby disclaimed by the dealer.

X _____
 CUSTOMER SIGNATURE