

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

13-JUL-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

725396

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

|  |              |               |              |                          |
|--|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN.)<br><small>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1MEFM6539WK662837  | FORD         | MUSTANG       | 1998         |                          |

|   |                                       |                                |  |
|---|---------------------------------------|--------------------------------|--|
| Purchase Date<br>01-JUL-1998  | Dealer's Name _____                   | Engine Size<br>(CID/CCL) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____            |  |

|   |   |   |  |   |  |   |
|---|---|---|--|---|--|---|
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inertia Belt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|---|---|---|--|---|--|---|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|   |  |  |   |
|---|--|--|---|
| Component<br>15130000<br>06351000<br>07300000 | Part Name(s)<br>EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR<br>FUEL:FUEL INJECTION:IDLE SPEED CONTROL UNIT<br>POWER TRAIN:TRANSMISSION:AUTOMATIC | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|---|--|--|---|

|                 |   |   |   |
|-----------------|---|---|---|
| No. of Failures | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br>  Yes   No | NHTSA Previously Contacted?<br>  Yes   No |
|-----------------|---|---|---|

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

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

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

REMOTE DOOR DOES NOT WORK ALL OF THE TIME. DEALER REPLACED LATCH BUT DID NOT CORRECT THE PROBLEM. CUSTOMER PLACED A SMALL ROUND MAGNET ON THE QUARTER PANEL ON EACH SIDE WHERE THE LID CONTACTS THE QUARTER PANEL TEMPORARILY CORRECTING THE PROBLEM. CUSTOMER WOULD LIKE THE DEALER TO PROPERLY CORRECT THE PROBLEM. CAR IDLES ROUGH WHEN ACCESSORIES ARE TURNED ON. TRANSMISSION SHIFTS HARSHLY UNDER VARIOUS CONDITIONS. TRANSMISSION DOES NOT IMMEDIATELY ENGAGE IN GEAR WHEN GOING FROM PARK TO DRIVE. THIS SEEMS TO HAPPEN WHEN CAR SITS FOR AN EXTENDED PERIOD OF TIME BUT DOES NOT ALWAYS OCCUR. CUSTOMER HAS NOTICED AT TIMES AN UNUSUAL LARGE LOSS OF TRANSMISSION FLUID BUT DOES NOT SEE A LEAK OR SMELL. RIGHT FRONT DOOR SPEAKER CUTS IN

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.