Form Approved: O.M.B. No. 2127-0039

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received: 26-JUL-2000

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

Reference No. 726053

[redacted]

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

Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FAFP53U1XG295358	FORD	TAURUS	1999	

Purchase Date: 01-JAN-1999
☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) 3.0
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
02100000	SUSPENSION:INDEPENDENT FRONT	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	01-JAN-1999 / 18000 / 60	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

WHILE DRIVING VEHICLE, NOTICED A CLUNKING NOISE COMING FROM OF VEHICLE. TOOK VEHICLE TO DEALERSHIP, THEY COULDN;T LOCATE THE PROBLEM. CLUNKING NOISE CONTINUED. MY SON SAID I SHOULD TAKE THE CAR BACK TO THE DEALERSHIP. ON SECOND VISIT TO DEALERSHIP, HAD SERVIE MANAGER DRIVE VEHICLE. IN THEIR PARKING LOT, DROVE OVER A SPEED BUMP, HEARD LOUD CLUNKING SOUND. THE CAR WAS PUT ON THE HOIST, THEY COULDN'T FIND ANY PROBLEM. A WEEK LATER, RECEIVED A PHONE CALL FROM CUSTOMER SERVICE. THE SERVICE REPRESENTATIVE WAS INFORMED THE VEHICLE STILLING MAKING CLUNKING NOISE. TOOK VEHICLE BACK TO DEALERSHIP AND HAD SERVICE MANAGER RIDE WITH ME. DROVE ON BUMPY SECTION OF INTERSTATE, CAR TAKEN BACK TO DEALERSHIP. THEY FOUND THE FRONT STABILIZER BAR HAD BROKEN AT THE RUBBER BUSHI

CONTINUED ON BACK PANEL