



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

| | |
|----------------------------------|--------------|
| Data Received 04-SEP-2000 | Od_or _____ |
| | rt_dt _____ |
| | od_rt _____ |
| | up_ltr _____ |
| Reference No. 730175 | |

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) <small>(Listed at top of windshield or drivers side)</small> 1FAPP52U1WG251053 | Vehicle Make FORD | Vehicle Model TAURUS | Vehicle Year 1998 | Current Odometer Reading |
|---|-----------------------------|--------------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|------------------------------------|---|
| Purchase Date 01-JUN-1999 | Dealer's Name _____ | Engine Size (CID/CYL) 6 CYL | <input type="checkbox"/> Turbo |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | <input type="checkbox"/> Diesel |
| | | | <input type="checkbox"/> Gas |
| | | | <input type="checkbox"/> Fuel Injection |

| | | | | | | |
|--|---|---|--|---|--|--|
| 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"/> Motorbell <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"/> Sport Ult <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"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |
|--|---|---|--|---|--|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|------------------------------|-------------------------------|---|---|
| Component 05100000 | Par. Name(s) ENGINE | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|------------------------------|-------------------------------|---|---|

| | | | | |
|-----------------|---|---|------------------------------------|---|
| No. of Failures | Date(s) of Failure(s) 2-JUN-2000 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mileage at Failure(s) 38600 | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vehicle Speed at Failure(s) 65 | | | |

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

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

WAS DRIVING TO WORK AT 5AM ON 6-21 AND IT WAS RAINING WHILE SITTING AT A STOP SIGN AN 18 WHEELER PASSED AND CAUSED WATER TO SPLASH UP AND MY CAR DIED. I STARTED THE CAR AND WENT ON TO WORK AND WORKED 7.5 HOURS ON MY WAY HOME I WAS MOTIONED OFF THE ROAD BY ANOTHER DRIVER AND TOLD TO GET OUT OF THE CAR THAT THERE WAS FLAMES SHOOTING OUT FROM THE CAR THIS DRIVER TOOK ME TO GET A TOW TRUCK AND WHILE WE WERE GONE THE FIRE DEPT HAD TO BE CALLED TO PUT A FIRE OUT ON THE CAR. THE CAR HAS BEEN AT PUTNAM LINCOLN FOR OVER 2 MONTHS BECAUSE IT HAS TO HAVE A NEW MOTOR AND FORD WILL NOT REPLACRE THE MOTOR BECAUSE THEY SAID I DROVE THROUGH WATER THIS HAS CAUSED ME MUCH STRESS AND MENTAL TRAUMA AND BECAUSE OF THIS I MIGHT HAVE TO FILE BANKRUPTCY IF I CAN NOT GET HELP C

CONTINUED ON BACK PLEASE

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.

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Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

730175

Work Number 501 484 7966

Home Number 501 474 8168

OWNER INFORMATION (Type or Print)

| | | |
|-----------|--------|--------|
| CONNIE | MORTON | 636760 |
| 205 GRAND | | |
| VAN BUREN | AR | 72956 |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) <small>(Listed at front of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|--|--------------|---------------|--------------|--------------------------|
| 1FAPP52U1WG251053 | FORD | TAURUS | 1998 | |

| | | | |
|---|---------------------------------------|---------------------------------|--|
| Purchase Date 01-JUN-1999 | Dealer's Name _____ | Engine Size (CID/CC/L 6 CYLI | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
|---|--|---|--|--|--|--|
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | <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 | Part Name(s) | Location | Failed Part(s) |
|-----------------|--|--|---|
| 05100000 | ENGINE | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures | Date(s) of Failure(s) 21-JUN-2000 Mileage at Failure(s) 38600 Vehicle Speed at Failure(s) 65 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 | Fire | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police |
|--|---|---------------------------|----------------------|---------------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

WAS DRIVING TO WORK AT 5AM ON 6-21 AND IT WAS RAINING WHILE SITTING AT A STOP SIGN AN 18