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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                          |                                                                                                 | <b>FOR AGENCY USE ONLY</b> 258<br>Date Received<br><div style="font-size: 1.2em; font-weight: bold;">12-SEP-2000</div>                                                                                              |                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | Od_or _____<br>Rt_dlt _____<br>od_rt _____<br>up_ltr _____<br>Reference No.<br><div style="font-size: 1.2em; font-weight: bold;">731115</div>                                                                       |                                                                                                                                                                                                    |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                                                                                                                     |                                                                                                                                                                                                    |
| Signature of Owner _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 | Date ____/____/____                                                                                                                                                                                                 |                                                                                                                                                                                                    |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                                                                                                                                                                     |                                                                                                                                                                                                    |
| Vehicle Ident. No. (VIN) _____<br><small>(located at front of windshield or driver's side)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 | Vehicle Make                                                                                                                                                                                                        | Vehicle Model                                                                                                                                                                                      |
| <b>1FALP52U3SA243441</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 | <b>FORD</b>                                                                                                                                                                                                         | <b>TAURUS</b>                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | Vehicle Year                                                                                                                                                                                                        | Current Odometer Reading                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | <b>1995</b>                                                                                                                                                                                                         |                                                                                                                                                                                                    |
| Purchase Date<br><b>01-OCT-1996</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dealer's Name _____                                                                             |                                                                                                                                                                                                                     | Engine Size _____<br><small>(CID/CCL)</small>                                                                                                                                                      |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City _____ State _____ Zip Code _____                                                           |                                                                                                                                                                                                                     | No. Cylinders _____                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                        |                                                                                                                                                                                                    |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Antilock Brakes                                                                                 | Restraint System                                                                                                                                                                                                    | Cruise Control                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                          | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                     | Drive Train                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                     | Vehicle Type                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                     | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                     | <input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                     | Body Style                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                     | <input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                                                                                                                                                                     |                                                                                                                                                                                                    |
| Component<br><b>07200000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part Name(s)<br><b>POWER TRAIN: TRANSMISSION: STANDARD: MANUAL</b>                              |                                                                                                                                                                                                                     | Location                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                     | <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<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ |                                                                                                                                                                                                                     | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                                                                                                                     |                                                                                                                                                                                                    |
| <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                                                                                                                                                                                     |                                                                                                                                                                                                    |
| Crash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fire                                                                                            | Number of Persons Injured                                                                                                                                                                                           | Number of Fatalities                                                                                                                                                                               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |                                                                                                                                                                                                                     |                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | Estimated Property Damage                                                                                                                                                                                           | Reported to Police                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                                                                                                                                                                     |                                                                                                                                                                                                    |
| <b>RECALL ON TRANSMISSION PROBLEM ,FOUND OUT FROM SOMEONE ELSE NOTICE , NEVER RECEIVED ONE .*AK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                                                                                                                                                                                     |                                                                                                                                                                                                    |
| 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. |                                                                                                 |                                                                                                                                                                                                                     |                                                                                                                                                                                                    |