



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  28-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  735344	

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 front of windshield or driver's side)</small> <b>1FAPP45X6WF125910</b>	Vehicle Make <b>FORD</b>	Vehicle Model <b>MUSTANG</b>	Vehicle Year <b>1998</b>	Current Odometer Reading
--	-----------------------------	---------------------------------	-----------------------------	--------------------------

Purchase Date <b>01-APR-1998</b>	Dealer's Name _____	Engine Size (CID/CYL) <b>4.6L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Front <input checked="" 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 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 <b>07460000</b>	Par. Name(s) <b>POWER TRAIN:AXLE ASSEMBLY</b>	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) <b>01-SEP-2000</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>79000</b>		
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------------------	----------------------------------	---------------------------	---

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

WE TOOK CAR IN TO LOCAL FORD DEALER FOR ROUTINE MILEAGE CHECKUP. THEY HEARD NOISE IN REAR -END. WE HAD THEM TEAR INTO THE REAR END TO SEE WHAT PROBLEM WAS. THEY GAVE US AN ESTIMATE OF \$2,000. THIS CAR IS ONLY 2 YRS. OLD. WE QUESTIONED HOW THIS COULD HAPPEN. WE WERE TOLD IT DOESN'T USUALLY HAPPEN AT THIS MILEAGE, BEARING WENT OUT AND CAUSED ENTIRE REAR END TO NEED REPLACED. WE DO NOT HAVE EXTENDED WARRANTY SO WE CONTACTED FORD MOTOR CORP. CUSTOMER SERVICE. THEY SAID THERE WAS NO RECALL, THEREFORE WE WOULD HAVE TO INCUR ALL COST. THEY SAID IT WAS NOT A CONCERN OF THEIR'S. THE VEHICLE HAS BEEN SITTING IN OUR GARAGE SINCE THAT TIME. WE STILL HAVE TO MAKE PAYMENTS. WE FEEL IT IS FAULTY WORKMANSHIP. THIS CAR WAS DRIVEN BY MYSELF WITH 2 SMALL CHILDREN TO AND FROM

CONTINUED 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.