Form Approved: OMB No. 2127-0042

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 11-NOV-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 754402

[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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2FAPP36X1LB185619	FORD	TEMPO	1990	

Purchase Dat			
01-FEB-2000	Dealer's Name_____	Engine Size (CID/CC/L 4	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio
☐ New ☒ Used	City_____ State_____ Zip Code_____	No Cylinders _____	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12130000	INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	29-SEP-2000	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 100000		
	Vehicle Speed at Failure(s) 25		

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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	1	0		☒ Yes ☐ No

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

I WAS IN A CAR ACCIDENT ON 9-29-01. A CAR PULLED OUT IN FRONT OF ME AND I HIT THE FRONT OF MY CAR INTO THE LEFT FRONT (PASSANGERS) CORNER PANEL. THE CAR WOULD HAVE BEEN TOTALED HAD I HAD FULL COVERAGE. THE SEATBELT IS AN AUTOMATIC SEATBELT, SO WHEN THE KEY IS TURNED ON, THE SEAT BELT AUTOMATICALLY COMES BACK ON THE DOOR. WELL, THAT DAY IN THE ACCIDENT, THE SEATBELT NEVER LOCKED, THE TOP DIDNT, THE AUTOMATIC PART. WHAT SAVED ME FROM HITTING THE WINDSHEILD WAS THE STEERING WHEEL AND THE LAP BELT. I KNOW HAVE LUMPS IN MY BREAST THAT WONT GO AWAY FROM BOUNCING OFF THE STEERING WHEEL. I DONT HAVE A JOB AND THERE IS NOTHING I CAN DO ABOUT IT. I STILL AND WILL AWALYS HAVE PROBLEMS WITH MY UPPER BACK, CHEST

CONTINUE ON BACK IF NEEDED