

**785021**

**From:** siracusa@publicinteractive.com  
**To:** Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>  
**Date:** 6/9/01 1:23PM  
**Subject:** Car Talk VOQ submission


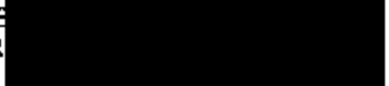
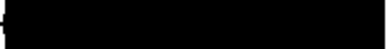
\* This data was submitted via a fill-in form at the Cartalk web site  
\* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems  
\* or suggestions regarding the format of this submission, send email  
\* to [webmaster@cartalk.com](mailto:webmaster@cartalk.com)

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SUBMISSION DATE: Saturday, June 9th 2001 at 1:23:12 PM

**VEHICLE OWNER'S QUESTIONNAIRE**  
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**OWNER INFORMATION**  
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NAME:   
ADDRESS:   
TELEPHONE: 

NHTSA authorized to send a copy of this report to the manufacturer: Yes

**VEHICLE INFORMATION**  
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VIN: 1FAPP4042YF281426  
MAKE: FORD  
MODEL: MUSTANG  
YEAR: 2000

ODOMETER: 4200  
PURCHASE DATE: NEW OR USED: New

DEALER NAME: Al Star Ford  
ADDRESS: Olympia, wa 98508

ENGINE SIZE: 3.8L  
CYLINDERS: 6

FUEL INJECTION: Yes  
TURBO: No  
FUEL TYPE: Gas  
ANTILOCK BRAKES: Yes  
CRUISE CONTROL: Yes  
DRIVETRAIN: Rear

DRIVER AIRBAG: Yes  
PASSENGER AIRBAG: Yes  
3-POINT BELT: No  
MOTOR BELT: No  
2-POINT BELT: No  
BODY STYLE: 2-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: SEE PARTS

PART NAME(S): EGR VALVE FAILURE  
VALVE COVER (R.H.SIDE)  
INTAKE MANIFOLD

LOCATION: Front

NUMBER OF FAILURES: CONTINUOUS

DATE(S) OF FAILURES: Numerous

MILEAGE AT FAILURE(S): 3500-4200

SPEED AT FAILURE(S): Varies

MANUFACTURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT:  
FIRE:

NUMBER OF PERSONS INJURED:  
NUMBER OF FATALITIES:  
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:  
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT  
TIRE MANUFACTURER:  
TIRE NAME:  
TIRE SIZE:

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ADDITIONAL COMMENTS  
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SPARK KNOCK AT VARIOUS SPEEDS(30-65 MPH), USALLY BETWEEN 2000-4000 RPM. VEHICLE WAS RETURNED TO DEALER. FIX WAS TO REPLACE VALVE COVER AND CLEAN OUT INTAKE MANIFOLD OF CARBON BUILDUP (APPROX 3300 MILES). SPARK KNOCK WAS EXCESSIVE/LOUD. AT APPROX. 4100 SPARK KNOCK STARTED TO RETURN.

EXPRESSED CONCERN TO DEALERSHIP AND HAVE CONTACTED FORD OVER CONCERN ABOUT ENGINE DAMAGE BECAUSE OF THIS TIMING PROBLEM. PER DREALERSHIP THERE IS NO FIX AVAILABLE. THIS IS ABSOLUTELY UNACCEPTABLE FOR A CAR WITH 4200 MILES AND WITH A MODEL/ENGINE THAT HAS BEEN ON THE ROAD FOR OVER A YEAR.

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END OF FORM  
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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 306**

Date Received

09-JUN-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

785021

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>(Location at bottom of and/or above dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FAPP4042YF281426	FORD	MUSTANG	2000			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <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 08540000	Part Name(s) EXHAUST GAS RECIRCULATION VALVE (EGR VALVE)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 2	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 3500 65	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

EGR VALVE FAILED. \*YH

COPIES OF THIS FORM ARE:

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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Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <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 05150021 06212000	Part Name(s) ENGINE:GASKETS:VALVE COVER FUEL:CARBURETOR:UNKNOWN TYPE:MANIFOLD:INTAKE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 2	Date(s) of Failure(s) _____ 3500 Mileage at Failure(s) _____ 65	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VALVE COVER FAILED, DUE TO CARBON BUILD UP IN THE INTAKE MANIFOLD. \*YH

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