



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** 436

Date Received

02-JAN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8001307

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FALP52U6SA270584	FORD	TAURUS	1995			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input 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 checked="" type="checkbox"/> Front <input 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 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 09202000	Part Name(s) LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	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	Dates of Failure(s) 01-JUL-2001 Mileage at Failure(s) 130000 Vehicle Speed at Failure(s) _____	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)

HEADLIGHTS ARE FOGGED, CAUSING BAD LIGHTING. CONSUMER'S INDEPENDENT MECHANIC STATED PROBLEM WAS LENS.\*AK

COPIED FROM NHTSA FORM 101

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.



DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

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

## OWNER INFORMATION (Type or Print)

FOR AGENCY USE ONLY 435

Date Received: 11/22/2002

Reference No. 8001307

Work Number: [Redacted]

Home No. [Redacted]

Do you... of your vehicle? YES [ ] NO [ ]

In the... and address to the vehicle manufacturer? [Redacted]

Signature: [Redacted] Date: 1/15/02

Vehicle Identification No. (VIN): 1FALP62U6SAZ270684

Vehicle Make: FORD

Vehicle Model: TAURUS

Vehicle Year: 1995

Current Odometer Reading: [Redacted]

Purchase Date: [Redacted]

Dealer's Name: Talarrico

City: [Redacted] State: M.V. Zip Code: 3103

Engine Size: [Redacted] (CID/CYL)

No. Cylinders: [Redacted]

Fuel Injection: [ ] Gas [ ] Diesel [ ] Turbo [ ]

Transmission Type:  Automatic  Manual

Articulation Brakes:  Yes  No

Restraint System:  3-Point Belt  2-Point Belt  Motorbell

Cruise Control:  Yes  No

Drive Train:  Front  Rear  4-Wheel

Vehicle Type:  Car  Van  Minivan  Other

Body Style:  Sport Util  Truck  Stationwagon  4-Door  2-Door  Pick Up  Truck

Component: 09202000

Part Name(s): LIGHTING:LAMP OR SOCKET:HEAD LIGHTS

Location:  Left  Right

Failed Part(s):  Original  Replacement

No of Failures: [Redacted]

Date(s) of Failure(s): 01-JUL-2001

Mileage at Failure(s): 13000

Vehicle Speed at Failure(s): [Redacted]

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash:  Yes  No

Fire:  Yes  No

Number of Persons Injured: [Redacted]

Number of Fatalities: [Redacted]

Estimated Property Damage: [Redacted]

Reported to Police:  Yes  No

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

HEADLIGHTS ARE FOGGED, CAUSING BAD LIGHTING, CONSUMER'S INDEPENDENT MECHANIC STATED PROBLEM WAS LENS, AK

I have to use High Beams To See anything at night To See beams To throw off Low beams To throw off enough light to see.

18 Privacy Act of 1974-Public Law 93-502 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.

CONTINUE ON BACK IF NEEDED