



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 1220**

Date Received

10-JAN-2002

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

Reference No.

8001926

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		
1FAFP52U1WA157256	FORD	TAURUS	1998			
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 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 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 12411000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	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 1	Dates of Failure(s) _____ Mileage at Failure(s) _____ 94000 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 checked="" 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)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT 30MPH. UPON IMPACT AIR BAGS DID NOT DEPLOY. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK

CONTINUED ON REVERSE

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.

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 1220</p> <p>Date Received: <u>02 FEB 25 11:12</u>          EFFECTS: <u>171-JAN-2002</u></p> <p>Od or _____          rt dt _____          gd rt _____          up ltr _____</p> <p>Reference No.  <u>8001926</u></p>
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<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>733209</p>	<p>Work Num _____          Home Num or _____</p>
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an owner's signature, provide your name and address to the vehicle manufacturer.  
 Signature of Owner: FAEP52U1WA157256 Date 01/23/02

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <u>1FAPF52U1WA157256</u> <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make <u>FORD</u>	Vehicle Model <u>TAURUS</u>	Vehicle Year <u>1993</u>	Current Odometer Reading <u>94,000</u>		
Purchase Date <u>Feb 2001</u> <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>Boehm's Chevrolet</u> City <u>Waterbury</u> State <u>CT</u> Zip Code <u>06705</u>		Engine Size (CID/CCL) _____ No. Cylinders <u>6</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Bel	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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <u>12111000</u>	Part Name(s) <u>INTERIOR SYSTEMS-PASSENGER RESTRAINTS-AIR BAG-FRONT</u>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>01-02-02</u> Mileage at Failure(s) <u>94000</u> Vehicle Speed at Failure(s) <u>30-35 MPH</u>	Failed Part(s) <input checked="" 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(s) on the back of this form)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured <u>1</u>	Number of Fatalities <u>NONE</u>	Estimated Property Damage <u>6,986</u>	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT 30MPH. UPON IMPACT AIR BAGS DID NOT DEPLOY. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK**

