



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 1039

Date Received

25-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004467

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>(Locate at bottom of and/or on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1FALP42X6TF198309 | FORD | MUSTANG | 1996 | | | |
| 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 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 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 06212000 | Part Name(s) 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 | Dates of Failure(s) 15-FEB-2002 Mileage at Failure(s) RR 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|--|

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

TOOK VEHICLE TO REPAIR SHOP FOR SQUEAKING. MECHANIC DROVE VEHICLE AND STEAM STARTED COMING FROM UNDERHOOD. MECHANIC INDICATED THAT INTAKE MANIFOLD HAD BURSTED AT THE SEAMS, SPRAYING ANTIFREEZE. PART IS ON BACK ORDER. CONTACTED FORD, AND FORD INDICATED THAT PROBLEM WAS ADDRESSED BY FORD IN 1998.*AK

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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.

| | | | | | | | |
|---|--|---|----------------------------------|--|---|---|--|
|  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 | | FDR AGENCY USE ONLY 1039 Date Rec'd: <u>MAR 21 AM 10:22 S</u> 25-FEB-2002 S DEFECTS INVESTIGATION OFFICE | | Od or _____ rt_d1 _____ od_rt _____ up_itr _____ Reference No. B004467 | |
| OWNER INFORMATION (Type or Print) | | | | | | 740329 | |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. | |
| Signature of Owner _____ | | | | | | Date <u>3/7/02</u> | |
| VEHICLE INFORMATION | | | | | | | |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1FALP42X6TF198309 | | Vehicle Mfr FORD | Vehicle Model MUSTANG | Vehicle Year 1998 | Current Odometer Reading 66,986 | | |
| Purchase Date _____ | | Dealer's Name _____ | | Engine Siz (CID/CC/L) 4.6L | <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injectio | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | | City _____ State _____ Zip Code _____ | | No. Cylinders 8 | | | |
| Transmission Type <input checked="" 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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag | | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front Rear 4-Wheel <input checked="" type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Van <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 <input type="checkbox"/> Truck |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | | | |
| Component 06212000 | Part Name(s) FUEL:CARBURETOR:UNKNOWN TYPE:MANIFOLD:INTAKE | | | Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear | | Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement | |
| No of Failures 1 | Date(s) of Failure(s) <u>15-FEB-2002</u> Mileage at Failure(s) <u>66</u> 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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage N/A | | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | | | | | |
| <p>TOOK VEHICLE TO REPAIR SHOP FOR SQUEAKING. MECHANIC DROVE VEHICLE AND STEAM STARTED COMING FROM UNDERHOOD. MECHANIC INDICATED THAT INTAKE MANIFOLD HAD BURSTED AT THE SEAMS, SPRAYING ANTIFREEZE. PART IS ON BACK ORDER. CONTACTED FORD, AND FORD INDICATED THAT PROBLEM WAS ADDRESSED BY FORD IN 1998. AK.</p> | | | | | | | |

CONTINUE ON BACK IF NEEDED

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