



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 231**

Date Received

27-FEB-2002

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

Reference No.

8004638

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 windshield and driver's side door)</small>	Vehicle Make <b>FORD</b>	Vehicle Model <b>TOPAZ</b>	Vehicle Year <b>1984</b>	Current Odometer Reading
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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
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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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 07300000	Part Name(s) <b>POWER TRAIN:TRANSMISSION:AUTOMATIC</b>	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) _____ Mileage at Failure(s) _____ 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)**

**DIP STICK FOR TRANSMISSION IS IN AN UNSAFE PLACE. WHEN CONSUMER GRABS HOLD OF DIP STICK CONSUMER'S HAND GETS CLOSE TO THE FAN. PLEASE PROVIDE FURTHER INFORMATION. \*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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <h2 style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</h2> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 231</p> <p>Date Received: <u>27-FEB-2002</u></p> <p style="text-align: center;"><b>DEFECTS INVESTIGATION OFFICE</b></p> <p>Od_or _____ ri_dt _____ ad_ct _____ up_ltr _____</p> <p>Reference No. <b>8004638</b></p> <p>Work Number _____</p>
<p style="text-align: center;"><b>OWNER INFORMATION (Type or Print)</b></p> <div style="background-color: black; width: 100%; height: 40px;"></div>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of \_\_\_\_\_ your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 3/14/02

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<u>1MEBP25R5EK64892</u>	<u>FORD (import)</u>	<u>TOPAZ</u>	<u>1984</u>	<u>137000</u>		
Purchase Date <u>7-99</u>	Dealer's Name <u>Carstore</u>		Engine Siz (CID/CCL) <u>2.3L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectu		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Turn Falls</u> State <u>Ed</u> Zip Code _____		No Cylinders <u>4</u>			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" 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>07300000</u>	Part Name(s) <u>POWER TRAIN: TRANSMISSION: AUTOMATIC</u>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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 Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**DIP STICK FOR TRANSMISSION IS IN AN UNSAFE PLACE. WHEN CONSUMER GRABS HOLD OF DIP STICK CONSUMER'S HAND GETS CLOSE TO THE FAN. PLEASE PROVIDE FURTHER INFORMATION.**

*\*AK owners manual states to check AT with engine idling in Park, when you reach to get dipstick your fingers are ~ 1/4" from Automatic electric Radiator Fan. I have had the fan hit my finger twice before & extended Dip Stick handle*