



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-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008981

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 windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FAFP52USWG149099	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) 6 CYL	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 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 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 checked="" 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 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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) 29-APR-2002 Mileage at Failure(s) 98000 Vehicle Speed at Failure(s) 35	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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE VEHICLE WAS GOING 35MPH AND REAREND ANOTHE VEHICLE. THE PASSENGER AND DRIVER AIR BAGS DIDN'T DEPLOY. THE DEALER AND MANUFACTURER WERE NOT NOTIFIED. PLEASE ADD MORE INFORMATION.*JB

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DDT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 436</p>	
	<p>Date Received: <u>02 MAY 2002</u></p> <p>OFFICE DEFECTS INVESTIGATION</p>		<p>Od_or rt_dt _____ od_rt up_itr _____</p> <p>Reference No. 8008981</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>_____ _____ 751678 CAPE GRIARDEAU MO _____</p>			
<p>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</p> <p>In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner: _____ Date: <u>6/20/02</u></p>			

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield on driver's side)</small>	Vehicle Mak	Vehicle Model	Vehicle Year	Current Odometer Reading
1FAPP52USWG149099	FORD	TAURUS	1998	
Purchase Date	Dealer's Name	Engine Siz (CID/CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Contr	Drivs Trai
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type		Body Style
		<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> Sport/Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 12110000	Part Name(s) INTERIOR SYSTEMS; PASSIVE RESTRAINT; AIR BAG	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) <u>29 APR 2002</u>	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) <u>88000</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) <u>35</u>		

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

THE VEHICLE WAS GOING 35MPH AND REAREND ANOTHE VEHICLE. THE PASSENGER AND DRIVER AIR BAGS DIDN'T DEPLOY. THE DEALER AND MANUFACTURER WERE NOT NOTIFIED. PLEASE ADD MORE INFORMATION.*JB *The driver (Brad Tedder) had minor head injuries and stitches in elbow.*

CONTINUE ON BACK IF NEEDED

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