



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

07-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009362

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 above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FALP52U7SG170698	FORD	TAURUS	1995			
Purchase Date <input checked="" type="checkbox"/> New <input 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 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 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 12111000	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	Dates of Failure(s) 05-JAN-2002 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	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)

VEHICLE WAS GOING 45MPH AND SLID INTO A POLE HEAD ON. FRONT END WAS TOTALED. UPON IMPACT, FRONT DRIVER'S AND PASSENGER'S AIR BAGS DIDN'T DEPLOY, CAUSING FACIAL INJURY TO DRIVER. DEALER WAS NOTIFIED. PLEASE PROVIDE MORE 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>DOT Auto Safety Hotline</p> <p>J.S. Department of Transportation</p> <p>National Highway Traffic Safety Administration</p>	<p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT</p> <p>1-888-327-4236</p> <p>www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 436	
		<p>Date Received</p> <p>07-MAY-2002</p> <p>OFFICE OF SAFETY INVESTIGATION</p>	<p>Od_r</p> <p>rt_dt</p> <p>od_rt</p> <p>up_ltr</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>SOUTH BEND IN</p>		<p>Reference No.</p> <p>8009362</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, address to the vehicle manufacturer.</p> <p>Signature of Owner _____</p>		<p>Work Number _____</p> <p>Home Number _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date 5/25/02</p>	

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located in bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FALP52U7SG170698	FORD	TAURUS	1995	143472
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
7-24-00	Smith Auto		3.0	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City	State	Zip Code	<input checked="" type="checkbox"/> Gas
	South Bend	IN	466	<input checked="" type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<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 checked="" type="checkbox"/> Driverside Air bag <input checked="" type="checkbox"/> Passengerside Air bag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		Vehicle Type
				<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
				Body Style
				<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
		<input type="checkbox"/> Right <input type="checkbox"/> Rear	
No. of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	05-JAN-2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

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	1		\$4,000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE WAS GOING 45MPH AND SLID INTO A POLE HEAD ON. FRONT END WAS TOTALED. UPON IMPACT, FRONT DRIVER'S AND PASSENGER'S AIR BAGS DIDN'T DEPLOY, CAUSING FACIAL INJURY TO DRIVER. DEALER WAS NOTIFIED. PLEASE PROVIDE MORE INFORMATION.*AK

CONTINUE ON BACK IF NEEDS