



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 241**

Date Received

30-MAY-2002

Ord. or  
rt. dt  
od. rt  
rp. ltr

Reference No.

8010712

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
1FALP5244SGT69706	FORD	TAURUS	1995	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 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 05100000	Part Name(s) ENGINE	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) 24-MAY-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 50000		
	Vehicle Speed at Failure(s) 75		

### 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)

**CONSUMER STATES THAT THAT VEHICLE WILL STALL OUT WHILE DRIVING AT HIGHWAY SPEED OF 75 MPH INTERMITTENTLY. THE DEALER AND THE MANUFACTRER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER 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 style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY 241</b></p> <p>Date Received <u>30-MAY-2002</u></p> <p style="text-align: center;"><b>DEFACTS INVESTIGATION</b></p> <p style="text-align: center;">Reference No. <b>8010712</b></p>
---	---

<b>OWNER INFORMATION (Type or Print)</b>		Work Number _____
<u>[Redacted]</u>	<u>[Redacted]</u>	Home Number <u>[Redacted]</u>
<b>CEDAR CITY</b>	<b>UT</b>	

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>(Located at bottom of windshield on driver's side)</small> <b>1FALP5244SGT69706</b>	Vehicle Make <b>FORD</b>	Vehicle Model <b>TAURUS</b>	Vehicle Year <b>1995</b>	Current Odometer Reading _____		
Purchase Date _____	Dealer's Name <u>Pkw Motors</u>		Engine Siz (CID/CC/L) <u>6 CYL</u>	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Cedar</u>	State <u>UT</u>	No Cylinders _____	<input type="checkbox"/> Gas	<input 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Diverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trail <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"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 <b>05100000</b>	Part Name(s) <b>ENGINE</b>	Location <input type="checkbox"/> Left <input 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 <b>1</b>	Date(s) of Failure(s) <u>24-MAY-2001</u>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <u>50000</u>		
	Vehicle Speed at Failure(s) <u>75</u>		

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured <u>1</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>101000</u>	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

**CONSUMER STATES THAT THAT VEHICLE WILL STALL OUT WHILE DRIVING AT HIGHWAY SPEED OF 75 MPH INTERMITTENTLY. THE DEALER AND THE MANUFACTRER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*JB**

*The car as stated Above Just Dies without any worry light or problem lights coming on. The tow trucks say its like VAPOR LOCK due to fan. I Replaced the Recall Fan motor and it still dies with*

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Out warning.

I has cause - 2 ACCIDENTS

One in which I was Abandoned.  
I had to be taken by Ambulance + have MS  
and I was stuck in accident in severe heat  
Cause sized + MS Attack.

(2) Second: Accident just Died on me making Left  
Car Rame into me.

I have had so many re-calls the wild eyes  
and NO one can fix it.

ATTACH ADDITIONAL SHEETS IF NECESSARY

It become A Death trap. Please

US Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

Help me get this Fixed  
Before I get in noth  
I have called to try to  
Accidents take to the CEO of Ford sec  
Refused.

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

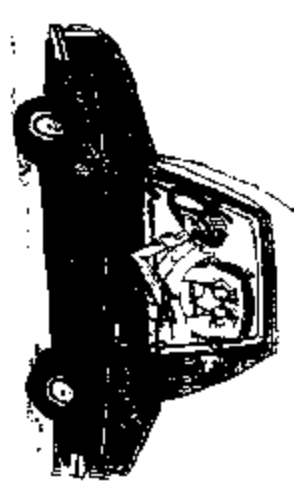
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.dot.gov/hotline>