



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 294

Date Received

30-DEC-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

854577

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FALP52U7TA130965	FORD	TAURUS	1996	

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 Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input 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 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 05150021	Part Name(s) ENGINE:GASKETS:VALVE COVER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 27-NOV-1999 Mileage at Failure(s) 45 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE HEAD GASKETS BLEW OUT WHILE DRIVING . MANUFACTURER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER DETAILS. *AK

CONTINUED ON BACK PLEASE

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.

Auto Safety Hotline		NHTSA AGENCY USE ONLY 284	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-8393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print) [Redacted]		Date Received 22 JAN 22 AM 12:35 30 DEC 1999 OFFICE INVESTIGATION	Od_or _____ rt_dt _____ od_rt _____ up_itr _____
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of signature, address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 7/11/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Current Odometer Reading
1FALP52U7TA130965	FORD	TAURUS	47000
Purchase Date JAN 7 97	Dealer's Name Basil Resale		Engine Size (CID/CC/L)
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Amherst State NY Zip Code 142		No Cylinders 6
Transmission Type	Antilock Brakes	Restraint System	Vehicle Type
<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 checked="" type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sport Ut. <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 Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05150021	Part Name(s) ENGINE:GASKETS:VALVE COVER	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 27-NOV-1999	Mileage at Failure(s) 45	Vehicle Speed at Failure(s) 60 mph
		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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	Number of Fatalities
		Estimated Property Damage	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ENGINE HEAD GASKETS BLEW OUT WHILE DRIVING. MANUFACTURER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER DETAILS. *AK - OCCURED ON UNIT SECTION OF QEW IN ONTARIO, CANADA - MY DAUGHTER WAS DRIVING ALONE. LOTS OF SMOKE & CAR LOST ALL POWER. SHE WAS IN DANGER... LUCKY TO BE IN RIGHT HAND LANE SO SHE COULD ESCAPE CAR OFF HIGHWAY. SHE WAS ALSO LUCKY TO HAVE CELL PHONE IN COAT POCKET. COULD NOT GO BACK INTO CAR FOR FEAR OF FIRE. PURSE & VALUABLE PAPERS IN CAR DUE TO HER JOB WITH U.S. DEPT. OF JUSTICE. SHE WAS ABLE TO CALL US AT HOME.			
CONTINUE ON BACK IF NEEDED			
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.			



Washington, DC 20590
 400 7th Street, SW
 Office of Defects Investigation, NSA-10.01
 National Highway Traffic Safety Administration
 U.S. Department of Transportation

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

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 400 Seventh St., S.W.
 Washington, D.C. 20590
 Official Business
 Penalty for Private Use \$300

NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES



we contacted ~~the~~ Royal Canadian Mounted Police
 & Automobile Club.
 Car taken to a repair shop at Ford's Ford
 in Grimsby, Ontario. Service manager noted that
 we had complied with recalls, including
 cooling system fix, but that he had seen
 3 or 4 of these premature gasket failures
 or similar low mileage torsion arms to seek
 Ford Motor Co. in the U.S. Reimbursement from Ford
 Motor Co. Since car was over 3 years old &
 out of warranty Ford would offer only 1/3 of
 the \$950.00 repair costs. I think this might be
 a dangerous problem. It happened suddenly without warning.

Fold to show Return Address (no stamp needed). Fasten with tape or staple and mail.

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. *																				
DOT																				
MANUFACTURER/TIRE NAME											SIZE									

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)