

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY 255

Date Received

18-JAN-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

855058

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) _____<br><small>(located at front of windshield on drivers side)</small> | Vehicle Make<br><b>FORD</b> | Vehicle Model<br><b>TAURUS</b> | Vehicle Year<br><b>1999</b> | Current Odometer Reading |
|---------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|-----------------------------|--------------------------|

|                                                                       |                                       |                              |                                                                                                                                                         |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____           |                                                                                                                                                         |

|                                                                                                       |                                                                                           |                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                               |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                                 |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>06420000 | Part Name(s)<br><b>FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID</b>                                 | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures        | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

CONSUMER EXPERIENCED SUDDEN ACCELERATION. DEALER HAS BEEN CONTACTED. \*AK

CONTINUED ON BACK (REVERSE)

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | FOR AGENCY USE ONLY 255                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p><b>Vehicle Owner's Questionnaire</b></p> <p>NATIONWIDE 1-800-424-9393<br/>DC METRO AREA (202) 366-0123<br/>INTERNET: <a href="http://www.nhtsa.dot.gov">http://www.nhtsa.dot.gov</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 584508</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <p>Date Received: 02 FEB - 3 AM 10:18 JAN-2000<br/>OFFICE DEFECTS INVESTIGATION</p> <p>Reference No. 855058</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br/>In the absence of a signature, please print your name and address to the vehicle manufacturer.</p> <p>Signature of Owner: [Redacted] Date: 01/24/2000</p>                                                                                                                                                                                                                                                                                                                                  |  | <p>Work Number: [Redacted]<br/>Home Number: [Redacted]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <p>VEHICLE INFORMATION</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p>Vehicle Ident. No. (VIN) (Located at bottom of dashboard on driver's side)<br/>1FAFP58UXXG305193<br/>1FAFP58UXXG305193</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p>Vehicle Make: FORD<br/>Vehicle Model: TAURUS<br/>Vehicle Year: 1999<br/>Current Odometer Reading: [Redacted]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Purchase Date: 9/17/99<br/><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <p>Dealer's Name: STULTZ &amp; BROWN<br/>City: TYRONE State: PA Zip Code: 16686</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Engine Size (CID/CC/L): [Redacted]<br/>No Cylinders: 6<br/><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>                                                                                                                                                                                                                                                                                                                                                                          |  | <p>Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic<br/>Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag<br/>Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel<br/>Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other<br/>Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p> |  |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p>Component: 06420000<br/>Part Name(s): FUEL THROTTLE LINKAGES ACCELERATOR RIGID<br/>Location: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear<br/>Failed Part(s): <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>                                                                                                                                                                                                                                                                  |  | <p>No of Failures: [Redacted]<br/>Date(s) of Failure(s): [Redacted]<br/>Mileage at Failure(s): [Redacted]<br/>Vehicle Speed at Failure(s): [Redacted]<br/>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <p>APPLICATION INCIDENT INFORMATION<br/>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p>Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <p>Number of Persons Injured: 0<br/>Number of Fatalities: [Redacted]<br/>Estimated Property Damage: \$ 1000<br/>Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p>CONSUMER EXPERIENCED SUDDEN ACCELERATION. DEALER HAS BEEN CONTACTED. *AK<br/>Driveway has a dirt incline - Since the husband drops &amp; I turn onto the driveway, waiting for the garage to open. I stop and then accelerate slowly - all of a sudden the car jumps to a fast acceleration hitting the bottom panel of garage door, and hit the back wall before I could stop. over</p>                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p>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> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

CONTINUE ON BACK IF NEEDED

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.\*

D O T

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)

There was no injuries, But was damage to the door panel and the wall was pushed back slightly. The hood has scratches as does the windshield. The Door will cost about \$100.00 No estimate on the car damage near it. back wall.

I took the car to the dealer, they stated that they could find no cause for the acceleration. The car still accelerates at times without pressing the gas pedal. Victim's Ford Motor Co. also.

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

**BUSINESS REPLY MAIL**

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

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

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UNITED STATES