

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 119

Date Received

11-FEB-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

856755

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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FALP4045SF247457	FORD	MUSTANG	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150021 02100000	Part Name(s) ENGINE:GASKETS:VALVE COVER SUSPENSION:INDEPENDENT FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 60 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN TRAVELING ENGINE HEAD GAKET BLEW OUT, CAUSING LOSS OF POWER. ALSO, VIBRATION WAS COMING FROM FRONT END. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK

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.

 U.S. Department of Transportation National 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 119 Date Received 11-FEB-2000 OFFICE EFFECTS INVESTIGATION		Od or od_dt od_rt up_kr Reference No. 856755	
OWNER INFORMATION (Type or Print) 589838				Work Number 		Home Number 	
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 <u>02/01/00</u>			
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FALP4045SF247457		Vehicle Make FORD		Vehicle Model MUSTANG		Vehicle Year 1995	
Purchase Date <u>JULY 1995</u>		Dealer's Name <u>SERRAMONTE FORD</u>		Engine Size (CID/GC/L) <u>3.8</u>		☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
☒ New ☐ Used		City <u>COLMA</u> State <u>CA</u> Zip Code <u>94014</u>		No Cylinders <u>6</u>			
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☐ Yes ☒ No		Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag		Cruise Control ☐ Yes ☒ No	
				Drive Train ☒ Front ☒ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	
						Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component(s) 05150#21 02100#00		Part Name(s) ENGINE: GASKETS: VALVE COVER SUSPENSION: INDEPENDENT FRONT		Location ☒ Left ☐ Right ☒ Front ☐ Rear		Failed Part(s) ☒ Original ☐ Replacement	
No of Failures		Date(s) of Failure(s) <u>APPROX. JUNE '99</u> Mileage at Failure(s) <u>60</u> Vehicle Speed at Failure(s) <u>N/A</u>		Failed Part(s) Available? ☐ Yes ☒ No		NHTSA Previously Contacted? ☐ Yes ☒ 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 ☐ Yes ☒ No		Fire ☐ Yes ☒ No		Number of Persons Injured		Number of Fatalities	
				Estimated Property Damage		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
WHEN TRAVELING ENGINE HEAD GASKET BLEW OUT, CAUSING LOSS OF POWER. ALSO, VIBRATION WAS COMING FROM FRONT END. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS. *AK ALSO CONTACTED FORD MOTOR COMPANY - 2/1/00 THRU THEIR 1-800-392-3673 + REPORTED WHAT HAPPENED + ALSO MENTIONED THE PENDING LAWSUIT ABOUT HEAD GASKET PROBLEM.							
CONTINUE ON BACK IF NEEDED							
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