

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 197

Date Received

15-FEB-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

856943

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 driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FALP5328TA16591 | 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 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"/> Motorbell <input checked="" 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 03250000 | Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | 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 0 | Date(s) of Failure(s) 14-FEB-2000 Mileage at Failure(s) 50000 Vehicle Speed at Failure(s) 0 | 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 0 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

WHILE DRIVING ABS LIGHT WILL APPEAR UNEXPECTEDLY ON DASHBOARD, AND CONSUMER WILL NEED TO TURN OFF ENGINE. THEN, LIGHT WILL DISAPPEAR. *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.

| | | | | | | | | |
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|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 197</p> <p>Date Received RECEIVED 15-FEB-2000 OFFICE DEFECTS INVESTIGATION</p> | | <p>Od or rt dt br up nbr</p> | | |
| <p>OWNER INFORMATION (Type or Print)</p> | | | | <p>Reference No. 856943</p> | | <p>Work Number</p> | | |
| <p>Signature of Owner _____</p> | | | | <p>Date 3.24.00</p> | | <p>Home Number _____</p> | | |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA will not provide your name and address to the vehicle manufacturer.</p> | | | | | | | | |
| <p>VEHICLE INFORMATION</p> | | | | | | | | |
| <p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1FALP5328TA16591</p> | | <p>Vehicle Make FORD</p> | <p>Vehicle Model TAURUS</p> | <p>Vehicle Year 1996</p> | <p>Current Odometer Reading 58,000</p> | | | |
| <p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p> | | <p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p> | | <p>Engine Size (CID/CC/L) _____</p> <p>No Cylinders _____</p> | | <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p> | | |
| <p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p> | <p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p> | | <p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> | <p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p> | <p>Body Style</p> <p><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 _____</p> | |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | | | | |
| <p>Component 03250400</p> | <p>Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</p> | | <p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p> | | <p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p> | | | |
| <p>No of Failures 0</p> | <p>Date(s) of Failure(s) 14-FEB-2000</p> <p>Mileage at Failure(s) 58000</p> <p>Vehicle Speed at Failure(s) 0</p> | | <p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | |
| <p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p> | | | | | | | | |
| <p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured 0</p> | <p>Number of Fatalities 0</p> | <p>Estimated Property Damage</p> | | <p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | |
| <p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>WHILE DRIVING ABS LIGHT WILL APPEAR UNEXPECTEDLY ON DASHBOARD, AND CONSUMER WILL NEED TO TURN OFF ENGINE. THEN, LIGHT WILL DISAPPEAR. *AK</p> | | | | | | | | |
| <p style="text-align: right;">CONTINUE ON BACK IF NEEDED</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 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> | | | | | | | | |

