

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

10-APR-2000

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

Reference No.

859946

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 | Vehicle Model | Vehicle Year | Current Odometer Reading |
| NOT AVAILABLE                                                                                     | FORD         | TAURUS        | 1995         |                          |

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

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | 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>03241000<br>03250000 | Part Name(s)<br>BRAKES:HYDRAULIC;LINES:METALLIC<br>BRAKES:HYDRAULIC;ANTI-SKID SYSTEM            | 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | 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)

WHEN DRIVING AT 20-30 MPH AND UPON ATTEMPTING TO MAKE A GRAUDAL STOP, VEHICLE CONTINUED TO MOVE FORWARD, CAUSING EXTENDED STOPPING DISTANCE. CONSUMER CONTACTED DEALER, DEALER STATED THAT METALLIC BRAKE LINE RUSTED OUT, CAUSING POOR BRAKE PERFORMANCE. PLEASE PROVIDE ANY FURTHER DETAILS. \*AK

CONTINUED ON BACK (RELEAS)

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                               | Form Approved: O.M.B. No. 2127-0005                                                                                                                                                                                                                                |                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               | <b>FOR AGENCY USE ONLY</b> 119                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 100%; height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | Date Received<br><b>00 JUN 12 AM 8:51</b><br><b>10-APR-2000</b><br><b>OFFICE</b><br><b>DEFECTS INVESTIGATION</b>                                                                                                                                                   | Oil or<br>Fluid<br>Level<br>OK<br>Reference No.<br><b>859946</b>                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               | Work Number<br><div style="background-color: black; width: 100%; height: 15px;"></div>                                                                                                                                                                             | Home Number<br><div style="background-color: black; width: 100%; height: 15px;"></div>                                                                                                                |
| 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<br>In the absence of an authorized signature, NHTSA will NOT include your name and address to the vehicle manufacturer.<br>Signature of Owner <div style="background-color: black; width: 150px; height: 15px; display: inline-block;"></div> Date <b>4/19/2000</b>                                                                                                                                                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>1FALP57U7SA166971</b><br><b>NOT AVAILABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Vehicle Make<br><b>FORD</b>                                                                                                                                   | Vehicle Model<br><b>TAURUS</b>                                                                                                                                                                                                                                     | Vehicle Year<br><b>1995</b>                                                                                                                                                                           |
| Current Odometer Reading<br><b>90,250</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                               | Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                             |                                                                                                                                                                                                       |
| Dealer's Name<br><div style="background-color: black; width: 100%; height: 15px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                               | Engine Size (CID/CC/L) <b>3.0L</b><br>No Cylinders <b>6</b>                                                                                                                                                                                                        |                                                                                                                                                                                                       |
| City <div style="background-color: black; width: 100%; height: 15px;"></div> State <div style="background-color: black; width: 100%; height: 15px;"></div> Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               | <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection                                                                                                                                                                       |                                                                                                                                                                                                       |
| 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 <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input checked="" 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 checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Sport Utility Truck<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 |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |
| Component<br><b>03241004</b><br><b>03260006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Name(s)<br><b>BRAKES:HYDRAULIC: LINES:METALLIC</b><br><b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>                                                           | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Right<br><input checked="" type="checkbox"/> Rear                                                                                               | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                |
| No of Failures<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date(s) of Failure(s) <b>April 8, 2000</b><br>Mileage at Failure(s) <b>89900</b><br>Vehicle Speed at Failure(s) <b>20</b>                                     | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                               |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                   | Number of Persons Injured<br><div style="background-color: black; width: 100%; height: 15px;"></div>                                                                                                                                                               | Number of Fatalities<br><div style="background-color: black; width: 100%; height: 15px;"></div>                                                                                                       |
| Estimated Property Damage<br><div style="background-color: black; width: 100%; height: 15px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                               | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                          |                                                                                                                                                                                                       |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |
| <b>WHEN DRIVING AT 20-30 MPH AND UPON ATTEMPTING TO MAKE A GRAUDAL STOP, VEHICLE CONTINUED TO MOVE FORWARD, CAUSING EXTENDED STOPPING DISTANCE. CONSUMER CONTACTED DEALER, DEALER STATED THAT METALLIC BRAKE LINE RUSTED OUT, CAUSING POOR BRAKE PERFORMANCE. PLEASE PROVIDE ANY FURTHER DETAILS. *AK</b><br><p style="font-size: 1.2em; margin-top: 10px;">Both rear brake lines were rusted over a 30" section where they pass between the gas tank and the rear suspension. The defect appears to be in the manufacture of the lines as opposed to their location →</p>       |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |
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|                                                                                                                                                                                                                     |   |   |      |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|------|--|--|--|--|--|--|
| Field to show Return Address (no stamp needed) Fill-in with tape or staple and mail<br>INFORMATION ON TIRE FAILURES (IF APPLICABLE)                                                                                 |   |   |      |  |  |  |  |  |  |
| TIRE IDENTIFICATION NO. *                                                                                                                                                                                           |   |   |      |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                   | 0 | 1 |      |  |  |  |  |  |  |
| 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)                                                                                                                                                                                   |   |   |      |  |  |  |  |  |  |