

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**

231

Date Received

09-MAY-2000

Od_or _____

rt_dt _____

od_rt _____

up_ltr _____

Reference No.

861642

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.) _____ (located at front of windshield or driver's side)	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 1996	Current Odometer Reading
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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 ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07390000	Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC: OTHER PARTS	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No. of Failures	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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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)

WHILE BACKING OUT OF PARKING SPACE AND SHIFTING INTO DRIVE, VEHICLE WOULD NOT TRAVEL. DEALER STATED THAT CABLE WAS BROKEN. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

 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 231 Date Received <u>00 JUN 12 PM</u> <u>09 MAY 2000</u> OFFICE DEFECTS INVESTIGATION Reference No. <u>861642</u> Work Number _____ Home Number <u>SAME</u>	
OWNER INFORMATION (Type or Print) [Redacted] 607750					
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of a signature, address to the vehicle manufacturer. Signature of Owner [Redacted] Date <u>5/2/00</u>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1FALP57U1G222174</u>		Vehicle Make <u>FORD</u>		Vehicle Model <u>TAURUS</u>	
Vehicle Year <u>1996</u>		Current Odometer Reading _____			
Purchase Date _____ ☐ New ☒ Used		Dealer's Name <u>BERGSTON FORD</u> City <u>WAUPACA</u> State <u>WI</u> Zip Code <u>54981</u>		Engine Size (CID/CC/L) _____ No Cylinders _____ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☐ Yes ☒ No		Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	
Cruise Control ☐ Yes ☒ No		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>07390009</u>		Part Name(s) <u>POWER TRAIN:TRANSMISSION:AUTOMATIC:OTHER PARTS</u> <u>TRANSMISSION SHIFTING CABLE</u>		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
No of Failures _____		Date(s) of Failure(s) <u>MAY 8, 2000</u> Mileage at Failure(s) <u>57465</u> 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE BACKING OUT OF PARKING SPACE AND SHIFTING INTO DRIVE, VEHICLE WOULD NOT TRAVEL. DEALER STATED THAT CABLE WAS BROKEN. PLEASE PROVIDE FURTHER INFORMATION. *AK <u>MY CONCERN IS IF CABLE BROKE WHILE HIGHWAY DRIVING AND TRANSMISSION LOCKED UP WHAT WOULD HAPPEN? AND WHAT CAUSED CABLE TO BREAK? WORN THROUGH BY FRICTION? OR FAULTY CABLE?</u>					
CONTINUE ON BACK IF NEEDED					
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond 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.					