

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

436

Date Received

18-MAY-2000

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

Reference No.

862136

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 bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FALT4043TF162523  | FORD         | MUSTANG       | 1996         |                          |

|   |                                       |                             |  |
|---|---------------------------------------|-----------------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size (CID/CCL) _____ | <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   | Antilock Brakes  | Restraint System  | Cruise Control   | Drive Train   | Vehicle Type  | Body Style   |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inflator Bell<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |

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

|                       |   |  |   |
|-----------------------|---|--|---|
| Component<br>05150020 | Part Name(s)<br>ENGINE:GASKETS  | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><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) 05-MAY-2000<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br>  Yes   No  | NHTSA Previously Contacted?<br>  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<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)

CONSUMERS VEHICLE STALLED & THERE WAS A RECALL ON IT FOR A HEADGASKETS DEFECT. CONSUMER NEVER RECIEVED A LETTER BECAUSE VEHICLE WAS USED. THE DEALER WOULDN'T COSVER THE COST OF THE REPAIR.

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)**

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**FOR AGENCY USE ONLY** 436

Data Received

18-MAY-2000

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

Reference No.

862136

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>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FALT4043TF162523  | FORD         | MUSTANG       | 1996         |                          |

|   |                                       |                              |  |
|---|---------------------------------------|------------------------------|--|
| 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 type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input 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 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<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Ult. 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>05150021<br>05100000 | Part Name(s)<br>ENGINE:GASKETS:VALVE COVER<br>ENGINE  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Frnt <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) 08-MAY-2000<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)**

VEHICLE STALLED & THERE WAS A RECALL ON IT DUE TO ENGINE HEAD GASKET DEFECT. CONSUMER NEVER RECEIVED A RECALL LETTER BECAUSE VEHICLE WAS USED. DEALER WOULDN'T COVER THE COST OF REPAIR. \*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.

| DOT Auto Safety Hotline   |   | FOR AGENCY USE ONLY 436  |   |
|---|---|--|---|
|  U.S. Department of Transportation<br>National Highway Traffic Safety Administration   |   | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |   |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 609153   |   | Date Received: 09 JUL 18 PM 3:39<br>18-MAY-2000<br>OFFICE DEFECTS INVESTIGATION<br>Reference No. 862136<br>Work Number<br>Home No. [Redacted]  |   |
| 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 [Redacted] provide your name and address to the vehicle manufacturer.<br>Signature of Owner: [Redacted] Date: 06/13/00   |   |  |   |
| VEHICLE INFORMATION   |   |  |   |
| Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)   | Vehicle Make  | Vehicle Model  | Vehicle Year  |
| 1FALT4043TF162523   | FORD  | MUSTANG  | 1996  |
| Current Odometer Reading  | 80,000  |  |   |
| Purchase Date   | Dealer's Name   | Engine Size (CID/CC/L)   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used   | City: Gulfport State: MS Zip Code: 39503  | No Cylinders: 6  |   |
| Transmission Type   | Antilock Brakes   | Restraint System   | Cruise Control  |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | <input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| Drive Train   | Vehicle Type  | Body Style   |   |
| <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel   | <input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport UR<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input checked="" 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   | Part Name(s)  | Location   | Failed Part(s)  |
| 06150021<br>06100009  | ENGINE: GASKETS: VALVE COVER<br>ENGINE  | <input type="checkbox"/> Left<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear  | <input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement  |
| No of Failures  | Date(s) of Failure(s)   | Failed Part(s) Available?  | NHTSA Previously Contacted?   |
| 1   | 09-MAY-2000<br>Mileage at Failure(s): 80,000<br>Vehicle Speed at Failure(s): 85   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" 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   | Fire  | Number of Persons Injured  | Number of Fatalities  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |
| Estimated Property Damage   | Reported to Police  |  |   |
|   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)   |   |  |   |
| VEHICLE STALLED & THERE WAS A RECALL ON IT DUE TO ENGINE HEAD GASKET DEFECT. CONSUMER NEVER RECEIVED A RECALL LETTER BECAUSE VEHICLE WAS USED. DEALER WOULDN'T COVER THE COST OF REPAIR. *AK I Feel That the Blown Head gasket could have been prevented if I had recieved the Recall Letter. they Did do the Recall work after the fact but The \$1700.00 work could have been prevented. If someone had been doing their Job.   |   |  |   |
| CONTINUE ON BACK IF NEEDED  |   |  |   |
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