

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 156

Date Received

19-MAY-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

862193

 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
1FABP40A5KF160031	FORD	MUSTANG	1989	

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 06300000	Part Name(s) ELECTRICAL SYSTEM:WIRING	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 05-MAY-2000 Mileage at Failure(s) 126 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)

A FIRE STARTING IN THE ENGINE COMPARTMENT DUE TO A DEFECTIVE WIRING HARNESS AND ALTERNATOR WITHOUT ANY WARNING. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUED ON BACK (REVERSE)

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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 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 on drivers side) 1FABP40A5KF160031	Vehicle Make FORD	Vehicle Model MUSTANG	Vehicle Year 1989	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 ☐ 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 06300000	Part Name(s) ELECTRICAL SYSTEM: WIRING	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>05-MAY-2000</u> Mileage at Failure(s) <u>126</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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 156 RECEIVED JUN 20 PM 1:12 19 MAY 2000 OFFICE DEFECTS INVESTIGATION	
		Od or rt dt _____ od rt _____ up dt _____ Reference No. 862193 Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an address to the vehicle manufacturer. Signature of Owner _____ Date 6/11/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN*) (Located at bottom of windshield on driver's side) 1FABP40A5KF160031		Vehicle Make FORD	Vehicle Model MUSTANG
		Vehicle Year 1989	Current Odometer Reading 127,000
Purchase Date 5/1989 ☒ New ☐ Used	Dealer's Name Green Ford City Greensboro State NC Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders 4 ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
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 Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08300000	Part Name(s) ELECTRICAL SYSTEM: WIRING		Location ☐ Left ☐ Right ☒ Front ☐ Rear Failed Part(s) ☒ Original ☐ Replacement
No of Failures _____	Date(s) of Failure(s) 05 MAY 2000 5/14/2000 Mileage at Failure(s) 125 Vehicle Speed at Failure(s) 25 mph		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 0	Number of Fatalities 0
		Estimated Property Damage 7400.00	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
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01573

ADDRESS

•••

DATE

CUST. ORDER NO.

STUDY

DATE

3-8-60	YEAR & NAME OF CAR, TYPE OR MODEL	3	SERIAL NO.	3
	64 Ford Mustang			METER NO.

26373

АБ МЭЛЛМАН

AMOUNT

Check starting & charging system
Replace alternator and burnt
wiring, charge battery and
clean cables

Handoff

11 PARTS

SEE BACK FOR
ADDITIONAL PARTS

TOTAL PARTS ▶

TOTAL ACCESSORIES ▶

ESTIMATES ARE FOR PARTS
AND LABOR

[illegible]

PAY INLS ² ~~4~~ AMOUNT ⁵ 4

... ..

Hertz

VEH 01868/6231732 CLS YC 00 N628 LIC: NC KSM3838

CC

CDP 00711-AAA CAROLINAS
RES 60821354600/TMDE /C
PREPARED BY 0478/NCGR31
COMPLETED BY 0553/NCGR31
RENTED: 05/05/00 12:37 @ GREENSBORO AP
RETURN: 05/14/00 17:34 @ GREENSBORO AP
PLAN IN: TMDE
PLAN OUT: TMDE
MILEAGE IN: 6897
MILEAGE OUT: 6964
MILES DRIVEN: 833
MILES ALLOWED
MILES CHARGED
DAYS
3 @ \$ 25.99 / DAY
1 @ \$ 52.59 / DAY
EX DAYS
PROMOTIONAL COUPON 147582
SUBTOTAL 1
DISCOUNT 39 %
SUBTOTAL 2
LOW
DECLINED
LIS
DECLINED
PAY REC DECLINED
FPO ACCEPTED
TAX 8.000 % ON TAXABLE TTL OF \$ 284.27
CHARGED ON MIC XXXXXXXXXXXXXXXX4108
RENT FPO MIC XXXXXXXXXXXXXXXX4108

\$ 17.97
\$ 370.93
\$ 22.85
\$ 428.25
\$ 161.98
TS \$ 284.27