

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

09-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

863357

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FALP57U1SG275052	FORD	TAURUS	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inlulubell <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 12430000	Part Name(s) INTERIOR SYSTEMS;INSTRUMENT PANEL;SPEEDOMETER;ODOMETER	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 2	Date(s) of Failure(s) 08-JUN-2000 Mileage at Failure(s) 72000 Vehicle Speed at Failure(s) 0	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 <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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AT TIMES SPEEDOMETER WILL MAKE A BUZZING NOISE, AND NOT SHOW THE CORRECT SPEED. IT HAD TO BE REPLACED TWICE. *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.

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

Crash	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fire	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured	0	Number of Failures	0	Estimated Property Damage		Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No. of Failures	2	Date(s) of Failure(s)	08 JUN 2000	Vehicle Speed at Failure(s)	0	Failed Part(s) Available?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	NHTSA Previously Contacted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	12430000	Part Name(s)	INTERIOR SYSTEMS: INSTRUMENT PANEL: SPEEDOMETER: ODOM	Location	Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/>	Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
Transmission Type	Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Restraint System	Motorcyclist <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger Side Air Bag <input type="checkbox"/>	Drive Train	Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type	Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/>

Purchase Date	Dec 1996	Dealer's Name	Lucas Ford	City	Southfield	State	MI	Zip Code	48071
Used <input checked="" type="checkbox"/> New <input type="checkbox"/>		Engine Size	(CID/CYL)	No. Cylinders	6	Fuel Injection	Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/>		

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)	1FALP67U1S6275062	Vehicle Make	FORD	Vehicle Model	TAURUS	Vehicle Year	1998	Current Odometer Reading	76059
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OWNER INFORMATION (Type or Print)

U.S. Department of Transportation	National Highway Traffic Safety Administration	www.nhtsa.dot.gov/hotline	1-888-327-4236	1-888-DASH-2-DOT	NATIONWIDE
Vehicle Owner's Questionnaire (VOQ)					
DOT Auto Safety Hotline					

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized NHTSA agent, please provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted]

Date: 6/15/00

Home Number: [Redacted]

Work Number: [Redacted]

DATE RECEIVED: 09 JUN 2000 00 JUN 29 AM

OFFICE: [Redacted]

Reference No.:

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