

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

137

Date Received

13-JUL-2000

Od\_or

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od\_rt

up\_ltr

Reference No.

865373

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 vehicle or on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FAPP31XXLK187883                                                                             | FORD         | TEMPO         | 1990         |                          |

|                                                                       |                                       |                                |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size<br>(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<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"/> Motorbelt<br><input checked="" 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 | Body Style<br><input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><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>12240000 | Part Name(s)<br>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS                               | 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<br>0  | Dates of Failure(s) 07-JUL-2000<br>Mileage at Failure(s) 110000<br>Vehicle Speed at Failure(s) 0 | 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<br>0 | Number of Fatalities<br>0 | 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)

CONSUMER HAD BEEN HAVING TROUBLE WITH SEAT BELT RETRACTOR. WHEN OPENING THE DOOR RETRACTOR WON'T MOVE.\*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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FOR AGENCY USE ONLY 197

Date Received

00 AUG -9 AM 10:2

13-JUL-2000

OFFICE

DEFECTS INVESTIGATION

Od or

Id dr

od rt

up ltr

Reference No.

885373

Work Number

Home Number

## OWNER INFORMATION (Type or Print)

Do you authorize NHTSA to include a copy of report to the manufacturer of your vehicle?  
in the absence of an \_\_\_\_\_ your name and address to the vehicle manufacturer;

Signature of Owner

Date 07/30/00

## VEHICLE INFORMATION

|                                                                                                                                                                                                                        |                                                      |                                                                                                                               |                                 |                                                                                                                                                                                                                                                                            |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>1FAPP31XXLK187883</b>                                                                                                                |                                                      | Vehicle Make<br><b>FORD</b>                                                                                                   | Vehicle Model<br><b>TEMPO</b>   | Vehicle Year<br><b>1990</b>                                                                                                                                                                                                                                                | Current Odometer Reading<br><b>54,129</b>  |
| Purchase Date<br><b>AUG 1992</b>                                                                                                                                                                                       | Dealer's Name <b>VAN BOKTEL FORD</b>                 |                                                                                                                               | Engine Size (CID/CC) <b>2.6</b> |                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Turbo             |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                  | City <b>GREEN BAY</b> State <b>WI</b> Zip Code _____ |                                                                                                                               | No Cylinders <b>4</b>           |                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Diesel |
| Transmission Type<br><input checked="" 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 <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input checked="" 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 checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |                                 | Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util<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 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<br><b>12240000</b> | Part Name(s)<br><b>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS</b>                                                       | Location<br><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br><b>0</b>   | Date(s) of Failure(s) <b>07-JUL-2000</b><br>Mileage at Failure(s) <b>143000 152,931</b><br>Vehicle Speed at Failure(s) <b>0</b> | 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<br><b>0</b> | Number of Fatalities<br><b>0</b> | 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)

CONSUMER HAD BEEN HAVING TROUBLE WITH SEAT BELT RETRACTOR. WHEN OPENING THE DOOR  
RETRACTOR WON'T MOVE.\*AK

*driver's side front seat belt.*

CONTINUE ON BACK IF NEEDED

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