

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 241

Date Received

20-JUL-2000

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

Reference No.

865767

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
1FALP52U9SG169634	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 checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inert Inert <input 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 Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component	Part Name(s)	Location	Failed Part(s)
05150021 05230000 05210000	ENGINE:GASKET:VALVE COVER ENGINE COOLING SYSTEM:PUMP:WATER ENGINE COOLING SYSTEM:RADIATOR	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ 00-JUN-2000 Mileage at Failure(s) _____ 57500 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE HAD A BLOWN HEAD GASKET/ WATER PUMP FAILURE, AND CRACKED RADIATOR. MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE WAS NOT COVER FOR EXTENDED WARRANTY DUE TO THE ENGINE SIZE 3.9L, NOT A 3.0L. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. \*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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received <u>20 JUL 2000</u> 8:00 AUG 16 PM 1:30 OFFICE OF DEFECTS INVESTIGATION Reference No. <u>866767</u>	
[Redacted] <u>621638</u> [Redacted]		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Owner [Redacted]		Date <u>8/5/00</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located in bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
<u>1FALP52U9SG169634</u>	<u>FORD</u>	<u>TAURUS</u>	<u>1995</u>
Purchase Date <u>12-27-94</u>		Current Odometer Reading <u>58,500</u>	
Dealer's Name <u>GALPIN FORD</u> <u>NORTH HILLS, LA, CA</u> City State Zip Code <u>91343</u>		Engine Size (CID/CC/L) <u>3.0</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	No Cylinders <u>6</u>		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport/Utility Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 <u>08150021</u> <u>06230000</u> <u>05210000</u>	Part Name(s) <u>ENGINE:GASKETS:VALVE COVER</u> <u>ENGINE COOLING SYSTEM:PUMP:WATER</u> <u>ENGINE COOLING SYSTEM:RADIATOR</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>30-JUN-2000</u> Mileage at Failure(s) <u>57900</u> Vehicle Speed at Failure(s)	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage <u>1,984.40</u>		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE HAD A BLOWN HEAD GASKET/ WATER PUMP FAILURE, AND CRACKED RADIATOR. MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE WAS NOT COVER FOR EXTENDED WARRANTY DUE TO THE ENGINE SIZE 3.8L, NOT A 3.0L. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *AK <u>3.8 L has extended warranty</u> <u>3.0L (which I have) is not extended</u>			
CONTINUE ON BACK IF NEEDED			
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CUSTOMER #: 33079

L526285

PAGE 1 OF 3



# Galpin Ford SERVICE INVOICE

15505 Roscoe Blvd, North Hills, CA 91343  
(818) 778-2172 FAX: (818) 778-2164  
OPEN MON. - FRI. • 7:00 AM TO 6:00 PM  
SATURDAY • 8:00 AM TO 2:00 PM

SERVICE ADVISOR: 997G93 David, Weaver SSN : 7859

EPA # CAD 029453131

COLOR	YEAR	MAKE AND MODEL	VIN	BAR # ACD11208	BAR # BCD11208	TAG NO.	
White	1995	Ford Taurus GL	1FALP52U9SG169634	3LEA658	CA	1295	
IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
			07/01/00 17:00		68.5000		10J1100
R.O. OPENED	READY	STOCK NBR	TYPES	ACTIVATION DT	MILEAGE IN	MILEAGE OUT	
30Jun00 17:45		00953002	C		57995	58004	

DESCRIPTION	TOTALS
Parts	\$329.30
Miscellaneous Parts	\$142.48
Sublet	\$227.00
Labor-Mechanical	\$1,246.70
Sub-Total	\$1,945.48
Sales Tax	\$38.92
Total	\$1,984.40
Amount Due	\$1,984.40

VISA / MC  
JUL 10 2000  
DSCVR / AMX

ORIG. EST. 1900	ADDTL. AMT.	NEW TOTAL	AUTH. BY	DATE	TIME	<input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON
REV. EST.	ADDTL. AMT.	NEW TOTAL	AUTH. BY	DATE	TIME	<input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON
REV. EST.	ADDTL. AMT.	NEW TOTAL	AUTH. BY	DATE	TIME	<input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON

### NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK

I acknowledge notice and oral approval of an increase in the original estimated price (if any) and receipt of a copy hereof.

I acknowledge receipt of the parts and labor listed above

CUSTOMER #: 33079

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PAGE 2 OF 3

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SERVICE ADVISOR: 997G93 David, Weaver SSN : 7859

EPA # CAD 029453131

COLOR	YEAR	MAKE AND MODEL	VTN	SAFETY	PLATE	STATE	PAG NO.
White	1995	Ford Taurus GL	1P2ALP52U9SG169634	3LEA658	CA	1295	
IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
			07/01/00 17:00		68.5000		10Jul00
R.O. OPENED	READY	STOCK NBR	TYPES	ACTIVATION DT	MILEAGE IN	MILEAGE OUT	
30Jun00 17:45		00953002	C		57995	58004	

TECH	HOURS	NET/UNIT	TOTAL
1 CUST STATES THE ENG IS RUNNING HOT AND LOSS OF COOLANT ALSO ENG IS STALLING AT STOPS CHECK AND ADVISE / CC262/2.2/L07			
DIAG, REPLACE WATER PUMP, RR RADIATOR, AND REPLACE HEAD GASKET			
997212	14.20		\$972.70
CSP			
997262	4.00		\$274.00
CSP			
1 XF1Z,8501,AA	PMP ASY-WTR	\$108.73	\$108.73
6 E2FZ,19549,AA	FLUID-COOLANT	\$2.25	\$13.50
1 F2DZ,6079,A	GASKET SET VLV GRIND	\$151.85	\$151.85
6 E2FZ,19549,AA	FLUID-COOLANT	\$2.25	\$13.50
1 F5DZ,8575,A	THERMOSTAT ASY.-WATE	\$7.55	\$7.55
1 E4FZ,6731,AB	FILTER - OIL ASSY	\$7.10	\$7.10
6 X05W30QSP	MOTOR OIL 5W30 1 QT	\$4.08	\$24.48
1 F8DZ,8255,AA	GASKET-WATER OUTLET CONN	\$3.07	\$3.07
1 MSC	PACPO15301IN3622	\$118.00	\$118.00
1 SBT	APUPO15293IN1158	\$32.00	\$32.00
1 SBT	barrpo15317I#222	\$195.00	\$195.00
6 AWSF,32P	SPARK PLUG ASY	\$4.00	\$24.00

**TOTAL PARTS** \$698.78  
**TOTAL LABOR** \$1,246.70

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X

ORIG. EST.	ADDTL. AMT.	NEW TOTAL	AUTH. BY	DATE	TIME	<input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON
REV. EST.	ADDTL. AMT.	NEW TOTAL	AUTH. BY	DATE	TIME	<input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON
REV. EST.	ADDTL. AMT.	NEW TOTAL	AUTH. BY	DATE	TIME	<input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON

**Galpin Ford**

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COLOR	YEAR	MAKE AND MODEL	VIN	BAR #	ACQ#	REG#	STAG NO.
White	1995	Ford Taurus GL	1FALP52U9SG169634	3LEA658	CA	1295	
IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
			07/01/00 17:00		68.5030		10Jul00
R.O. OPENED	READY	STOCK NBR	TYPES	ACTIVATION DT	MILEAGE IN	MILEAGE OUT	
30Jun00 17:45		00953002	C		57995	58004	

Dear valued Galpin Customer, did you know that we are now your one-stop-shop?  
 Ask your Service Advisor about our great prices on Tires, Shocks, Brakes and preventive maintenance services. Note: All parts are New unless otherwise noted.  
 All oil is sold in quarts, All coolant is sold in gallons.

ORIG. EST.	ADDTL. AMT.	NEW TOTAL	AUTH. BY	DATE	TIME	<input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON
REV. EST.	ADDTL. AMT.	NEW TOTAL	AUTH. BY	DATE	TIME	<input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON
REV. EST.	ADDTL. AMT.	NEW TOTAL	AUTH. BY	DATE	TIME	<input type="checkbox"/> BY PHONE <input type="checkbox"/> IN PERSON

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