

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 130

Date Received

27-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

866118

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
1FALP5243SA2A0814	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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial Belt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle	Body Style <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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09117000	Part Name(s) LIGHTING SWITCH; MULTI-FUNCTION SWITCH; TURN SIGNAL	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	Date(s) of Failure(s) _____ Mileage at Failure(s) 94 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 <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	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)

MULTI FUNCTION TURN SIGNAL SWITCH KEEPS FAILING WITHOUT WARNING, CAUSING A LOSS OF OUTSIDE REAR TURN SIGNALS LIGHT. CONSUMER WAS UNAWARE OF FAILURE BECAUSE TURN SIGNAL LIGHT INSIDE OF VEHICLE WAS STILL WORKING, AND ALSO CAN HEAR IT WORKING. *AK

CONTINUED 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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Reference No.

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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.) <small>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FALP5243SA2A0814	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input 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 09117000	Part Name(s) LIGHTING SWITCH; MULTI-FUNCTION SWITCH; TURN SIGNAL	Location	Failed Part(s)
		<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) _____ Mileage at Failure(s) 94 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)

MULTI FUNCTION TURN SIGNAL SWITCH KEEPS FAILING WITHOUT WARNING, CAUSING A LOSS OF OUTSIDE REAR TURN SIGNALS LIGHT. CONSUMER WAS UNAWARE OF FAILURE BECAUSE TURN SIGNAL LIGHT INSIDE OF VEHICLE WAS STILL WORKING, AND ALSO CAN HEAR IT WORKING. *AK

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DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 623362		Date Received: 27-JUL-2000 OFFICE: DEFECTS INVESTIGATION Reference No.: 866118	
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: 8/1/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1FALP6243SA2A0814	FORD	TAURUS	1995
Current Odometer Reading	Dealer's Name		Engine Size (CID/CC/L)
95 -	FAIRWAY FORD BUDGET		3.8
Purchase Date	City		No. Cylinders
07-06-00	MAULDIN		4
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	State	Zip Code	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
SC	29607		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<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	Part Name(s)	Location	Failed Part(s)
09117000	LIGHTING:SWITCH:MULTI-FUNCTION SWITCH:TURN SIGNAL	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	8/1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s)			
Vehicle Speed at Failure(s)			
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)			
MUTLI FUNCTION TURN SIGNAL SWITCH KEEPS FAILING WITHOUT WARNING, CAUSING A LOSS OF OUTSIDE REAR TURN SIGNALS LIGHT. CONSUMER WAS UNAWARE OF FAILURE BECAUSE TURN SIGNAL LIGHT INSIDE OF VEHICLE WAS STILL WORKING, AND ALSO CAN HEAR IT WORKING. *AK			
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8642357293

44480



INVOICE

DUPLICATE 1 2586 Woodruff Road
PAGE 1 Simpsonville, SC 29681
(864) 288-5767

SERVICE ADVISOR: 301 JERRY TINCHER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
	95	FORD TAURUS	1FALP5243SA280814		94930/94930	TJ38	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PC NO	RATE	PAYMENT	INV DATE
01JAN1995	01JAN95		17:00 17JUL00		0.00	CASH	21JUL2000

R/O OPENED: READY: OPTIONS: DLR:210783 ENG:3.8 Liter EFI

11:40 17JUL00 15:57 21JUL00

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER STATES AT IDLE THE VEHICLE WILL OVERHEAT							
C108 *** COOLING/HEATING CONCERN							
429 GRUBBS JR, JAMES D LIC#: N							
CPF 0.00							
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A:	0.00

94930 RELATED TO THE RECALL SEE RO 44479

B CUSTOMER STATES THE TURN SIGNAL IS VARYING BETWEEN SLOW AND FAST AND DOES NOT ALWAYS WORK CHK AND ADV							
C116 *** ELECTRICAL/MAJOR ACCESS CONCERN							
429 GRUBBS JR, JAMES D LIC#: N							
CPF 1.00							
1 F4SZ*13K359*AB SW ASY-TRN SCNL & WINDSHLD							
WIRE							
PARTS:	59.34	LABOR:	64.00	OTHER:	0.00	TOTAL LINE B:	123.34

94930 1.0 RPELACED THE MULTI SWITCH TURN SIGNALS WORK PROPERLY NOW

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. I further authorize FAIRWAY'S FIVE STAR FORD to repair my auto per Insurance Company estimate including any supplementary claims and I hereby assume personal liability for payment in full for any and all work done on said motor vehicle, including legal and attorney fees. All payments are due upon completion of repairs. Repair work done on this order will be based in part upon a flat rate manual computation. TERMS: STRICTLY CASH

RETAIN THIS COPY AS YOUR RECEIPT. PLEASE KEEP THIS COPY FOR YOUR WARRANTY COVERAGE.

SERVICE HOURS
MON. - FRI. 6:30 AM TO 9:00 PM
SAT. 8:00 AM TO 7:00 PM

ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED BY TERMS AND CONDITIONS OF YOUR WARRANTY

DESCRIPTION	TOTALS
LABOR AMOUNT	64.00
PARTS AMOUNT	59.34
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	4.48
TOTAL CHARGES	127.82
LESS INSURANCE	0.00
SALES TAX	3.19
PLEASE PAY THIS AMOUNT	131.01

GREENVILLE SC 29607
 (864) 213-2800
 FAC. 864-213-2561

1123/ 1 5037/1037 96160

616159905 NAPA LOCAL 62.81
 616159905 NAPA LOCAL 56.00
 516159905 NAPA LOCAL 107.10
 616149903 AUTOMOTIVE 84.62
 FRT END FR 90.00 N
 FRT END FR 155.00 N
 FRT END FR 35.00 N
 590.53
 15.53

34-CREDIT 606.06
 TOTAL 606.06
 APPROVAL-NO. 50175001
 09/02/97 18:48

Authorization
 I authorize the work to be done as estimated. Montgomery Ward and their associates may operate and examine this vehicle as deemed necessary for purposes of performing in-shop inspection, diagnosing, testing, or delivery of my own risk.
 An express participant's lien is acknowledged on the vehicle to secure the amount of repair. Customer hereby notified that the vehicle is not insured or protected to the amount of the actual cash value thereof, or otherwise against loss or damage to the vehicle or articles left in the vehicle in cases of fire, theft, accident or any other cause beyond your control.
 A storage charge of \$5.00 per day is applicable 3 days after notification.
 By signing/stamping my signature in the customer signature area below I acknowledge reading and understanding my customer rights, and the aforementioned customer information. This purchase is paid for on the following terms:
 Montgomery Ward Cash Visa/MasterCard/American Express/Discover
 Customer Signature Check

9-8-97 85141 96160
 Home 233-7263
 Car Make/Model Color Year
 Ford Taurus Green 92
 Mileage 22694
 X (to be removed)
 Torque Specs. Front Rear Four
 Original Estimate Revised Estimate Reason for Revised Est.
 Sublet 419.81
 Total 419.81

City	State	Zip	Service Date	Amount of Sale	Work Done By	Amount of Sale	Work Done By
Greenville	SC	29607	09/02/97	62.81	NHC 980198	62.81	NHC 980198
Greenville	SC	29607	09/02/97	56.00	NHC 997827	56.00	NHC 997827
Greenville	SC	29607	09/02/97	107.10	NHC 994668	107.10	NHC 994668
Greenville	SC	29607	09/02/97	84.62	NHC 988785	84.62	NHC 988785

Merchandise	QTY	MAC	Description of Service	Work Done By	Amount of Sale
Pressure Hose	1	95557	Pressure Hose	NHC 980198	62.81
Recharge Hose	1	95557	Recharge Hose	NHC 997827	56.00
Pump Steering Rod	1	95557	Pump Steering Rod	NHC 994668	107.10
MD Wheel	1	95557	MD Wheel	NHC 988785	84.62
192 Ford Taurus		95557	ELEC VTR		125.00
			WIPER MOTOR		35.00
			Labor		125.00
			Medium		35.00
VIN 1FACPS241NA188198					

CUSTOMER PLEDGE
 A Written Estimate.
 Only work authorized by you.
 Warranty for parts & labor.
 Used parts returned upon request.
 (See Sales Associate for Details)
 Vehicle inspection for your review.

If you have any concerns, contact the Auto Express Manager.

Customer Habits
 Yes No

SALES
9-B-57
85741
90160
SALES
SALES
SALES

Phone Contact
Home 233-7253
Office 85741
Associated ID 90160

Car Make/Model
Ford Taurus
Color Green
Year 1994
Selling
ZFRM

Registration Information
X (the vehicle) to be de-registered
Title
Sales Tax
Tire Fees
Other

Original Estimate
415.81
Revised Estimate
Reason for Revised Est.

Approved by
In Person
By Phone
A Home
A Work
Date
Time
Phone No.
Verified by
Previous W.O.

Customer's Rights - You are entitled by law to the return of all parts replaced, except those which are too heavy or large, and those required to be sent back to the manufacturer or distributor because of warranty work or an exchange agreement. You are entitled to inspect the parts which cannot be returned to you.

Authorization
I authorize the work to be done as estimated. Montgomery Ward and their associates may open and examine this vehicle as deemed necessary for purpose of performing in-shop inspection, diagnosing, testing, or delivery of my own risk.
An express garageman's lien is acknowledged on the vehicle to secure the amount of repair. Customer is hereby notified that the vehicle is not insured or protected to the amount of the actual cash value thereof, or otherwise against loss of damage to the vehicle or articles left in the vehicle in case of fire, theft, accident, or any other cause beyond your control.
A storage charge of \$5.00 per day is applicable 3 days after notification.
By signing/initialing my signature in the customer signature area below I acknowledge reading and understanding my customer rights, and the aforementioned customer information. The purchase is paid for on the following terms:
 Montgomery Ward
 Cash
 Visa/MasterCard/American Express/Discover
 Check
Customer Signature
Approval No. X
Signature: Elizabeth Boston

Services
Description of Service
Amount
994712
996631
997830
997801
990188
997874
994888
998785
62.81
56.00
107.10
84.62
90.00
155.00
35.00
590.53
15.53

Table with columns: Service #, Description of Service, Amount, Mark, Date. Includes items like 'Auto Service' and 'Merchandise'.

Table with columns: Service #, Description of Service, Amount, Mark, Date. Includes items like 'Merchandise' and 'Auto Service'.

5551834

MONTGOMERY WARD STORE 1037
1025 WOODRUFF ROAD
GREENVILLE
(864) 213-2500
FAC. 864-2132561

1123 / 4 5057/4037 96160
616159905 NPPA LOCAL 62.81
616159905 NPPA LOCAL 56.00
616159905 NPPA LOCAL 107.10
616199903 AUTOMOTIVE 84.62
395557 FRT END FR 90.00
995557 FRT END FR 155.00
995557 FRT END FR 35.00
SUBTOTAL 590.53
TAX 15.53
TOTAL 606.06

14-CREDIT 506.06
TOTAL 606.06
RECEIPT FOR ADJUSTMENT OR REFUND
CASH OVER \$15 WITHOUT RECEIPT
09/05/97 18:48
APPROVAL-ND
6-17-99

CUSTOMER PLEDGE
A Written Estimate
Only work authorized by you