

U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY 335</b>	
	Data Received <b>13-SEP-2000</b>	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____	Reference No. <b>870376</b>

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 front of windshield or driver's side)</small> <b>1FAPP52U4WA202528</b>	Vehicle Make <b>FORD</b>	Vehicle Model <b>TAURUS</b>	Vehicle Year <b>1998</b>	Current Odometer Reading		
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <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 <b>06410000</b>	Part Name(s) <b>FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>0</b>	Date(s) of Failure(s) <b>24-MAY-2000</b> Mileage at Failure(s) <b>20000</b> Vehicle Speed at Failure(s) <b>35</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	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)

**VEHICLE'S SPEED DID NOT DECREASE WHEN GAS PEDAL WAS RELEASED. CONSUMER SAID IT WAS JUST LIKE USING CRUISE CONTROL. \*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.



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire (VOQ)**

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1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

NOV 5 PM 3  
13-SEP-2000

OFFICE OF DEFECTS INVESTIGATION

Ord. or

Mod. of

Mod. of

Mod. of

Mod. of

Reference No.

090375

OWNER INFORMATION (Type or Print)

637740

Work Number

Home Number

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.

YES  NO

Signature of Owner

Date 09/28/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) <b>1FAFP52U4WA202628</b>	Vehicle Make <b>FORD</b>	Vehicle Model <b>TAURUS</b>	Vehicle Year <b>1998</b>	Current Odometer Reading <b>29,350</b>		
Purchase Date <b>5/2000</b>	Dealer's Name <b>Amedeo Auto Sales</b>	Engine Size (CID/CC/L) <b>6</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <b>Oswego</b> State <b>N.Y.</b> Zip Code <b>13126</b>	No. of Cylinders				
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input checked="" 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 <b>08410000</b>	Part Name(s) <b>FUEL:THROTTLE LINKAGES AND CONTROL PEDAL</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original? <input type="checkbox"/> Replacement
No. of Failures <b>0</b>	Date(s) of Failure(s) <b>24-MAY-2000</b>	Mileage at Failure(s) <b>20000 25,000</b>	Vehicle Speed at Failure(s) <b>35-40</b>
Failed Part(s) Available?		NHTSA Previously Contacted?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	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)

VEHICLE'S SPEED DID NOT DECREASE WHEN GAS PEDAL WAS RELEASED. CONSUMER SAID IT WAS JUST LIKE USING CRUISE CONTROL. \*AK

CONTINUE ON BACK IF NEEDED

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