

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 252

Date Received

25-SEP-2000

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

Reference No.

871462

 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>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FORD	MUSTANG	2000	

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	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"/> Motorbell <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 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	Par. Name(s)	Location	Failed Part(s)
04100000 03250000 09117000	EMERGENCY PARKING BRAKE:MECHANICAL BRAKES:HYDRAULIC:ANTI-SKID SYSTEM LIGHTING:SWITCH:MULTI-FUNCTION SWITCH:TURN SIGNAL	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) 01-JAN-1999	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	<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	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)

EMERGENCY BRAKE LEVER STAYED UP, AND THE BRAKES WERE NOT ENGAGED. ALSO, MULTI-FUNCTION SWITCH WAS REPLACED, AND WINDSHIELD WIPERS FLUID WILL CONSTANTLY COME OUT ONTO THE WINDSHIELD. \*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.

 <p>DOT Auto Safety Hotline  <b>Vehicle Owner's Questionnaire (VOQ)</b>          U.S. Department of Transportation          National Highway Traffic Safety Administration          NATIONWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>		<b>FOR AGENCY USE ONLY 252</b> Date Received: <u>01 OCT 11 PM 12:5</u> <u>25-SEP-2000</u> OFFICE OF DEFECTS INVESTIGATION	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] <b>641654</b>		Reference No. <b>871482</b> Work Number _____ Home Num _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____ Date _____			
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make <b>FORD</b>	Vehicle Model <b>MUSTANG</b>
Vehicle Year <b>2000</b>		Current Odometer Reading _____	
Purchase Date _____		Dealer's Name _____	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City _____ State _____ Zip Code _____	
Engine Size (CID/CC/L) _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component <b>04100000</b> <b>03260000</b> <b>08117000</b>	Part Name(s) <b>EMERGENCY PARKING BRAKE: MECHANICAL</b> <b>BRAKES: HYDRAULIC: ANTI-SKID SYSTEM</b> <b>LIGHTING: SWITCH: MULTI-FUNCTION SWITCH: TURN SIGNAL</b>	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
No of Failures _____	Date(s) of Failure(s) <u>01-JAN-1999</u> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLICATION INCIDENT INFORMATION</b>			
(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	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
<b>EMERGENCY BRAKE LEVER STAYED UP, AND THE BRAKES WERE NOT ENGAGED. ALSO, MULTI-FUNCTION SWITCH WAS REPLACED, AND WINDSHIELD WIPERS FLUID WILL CONSTANTLY COME OUT ONTO THE WINDSHIELD. *AK</b>			
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 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**

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Consumer:

As a result of your recent inquiry to the National Highway Traffic Safety Administration's Auto Safety Hotline, we developed the enclosed Vehicle Owner's Questionnaire. Please review the form and supply any additional information you have that you believe is relevant to your safety problem(s). You may also include copies of repair bills, letters to manufacturers, or any other documents related to the problem(s).

Please complete the questionnaire, fold, staple, or tape it so that the pre-addressed portion is on the outside.

We will share this information with the appropriate manufacturer may help resolve your problem(s). It is helpful to be thorough in your report so that our ability to use your information will be maximized. It is not necessary to complete all boxes if you are not sure of the information. It is very difficult to pursue complaints unless the Vehicle Identification Number (VIN) is known, and when reporting a tire problem, the DOT Identification is needed. The VIN is located inside the vehicle adjacent to the left of the windshield pillar (driver's side). The tire identification number contains 7 to 11 characters and is preceded by the letters "DOT" on the tire between the maximum width section and the bead, usually near the rim flange on the opposite side of the whitewall or on either side of a blackwall tire.

Any information you provide on this questionnaire is ENTIRELY VOLUNTARY. There is NO CONSEQUENCE or PENALTY of any kind if you DO NOT wish to provide it. We seek this information so that this agency can help you and other owners with similar problems and to allow us to combine this information with similar owner reports to develop both statistical and investigatory evidence which will help identify potential safety-related problems in motor vehicles or items of motor vehicle equipment.

Sincerely,

Information Management Branch  
Auto Safety Hotline

2 Enclosures:  
Self-addressed Questionnaire  
Auto Safety Hotline Pamphlet



AUTO SAFETY HOTLINE  
(800) 424-9393  
Wash. D.C. Area 366-0123