



**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 117

| | |
|---|--------------|
| Data Received 04-OCT-2000 | Od_or _____ |
| | rt_dt _____ |
| | od_rt _____ |
| | up_ltr _____ |
| Reference No. 872227 | |

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 drivers side)</small> | Vehicle Make FORD | Vehicle Model TAURUS | Vehicle Year 1998 | Current Odometer Reading |
|---|-----------------------------|--------------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|------------------------------|---|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" 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 checked="" type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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"/> Motorbell <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 Ult. 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 _____ |
|---|---|--|--|--|--|---|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|------------------------------|---|--|---|
| Component 06400000 | Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL | 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 4 | Date(s) of Failure(s) _____ Mileage at Failure(s) <u>27</u> Vehicle Speed at Failure(s) <u>45</u> | 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 0 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|---------------------------|---|

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

WHILE DRIVING 45MPH TOOK FOOT OFF ACCELERATOR AND VEHICLE INCREASED SPEED & MAINTAINED THAT SPEED. CRUISE CONTROL NOT ON. VEHICLE FAILED TO SLOW DOWN WITH BRAKING & RPMS HAD CAME DOWN WITHOUT BRAKING. WILL BE TAKING TO DEALER FOR A CHECK.*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 style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | <p style="text-align: center;">FOR AGENCY USE ONLY 117</p> <p style="font-size: 2em; text-align: center; opacity: 0.5;">RECEIVED</p> <p style="text-align: center;">OCT 26 11:20 AM '00 04 OCT 2000</p> <p style="text-align: center;">OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No. 872227</p> <p>Work Number _____ Home Number _____</p> |
| <p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p>NEW BERLIN _____ 644132</p> | |

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 10/19/00

| VEHICLE INFORMATION | | | | |
|--|---|---|---|---|
| Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> FILL IN 1FATP52S4WG106055 | Vehicle Make FORD | Vehicle Model TAURUS | Vehicle Year 1998 | Current Odometer Reading 30,000 |
| Purchase Date 6-27-0 | Dealer's Name HILLER FORD City FRANKLIN State WI Zip Code 53132 | | Engine Size (CID/CC/L) 3.0 L | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | 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 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 checked="" 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 | Body Style <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 06400000 | Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL & COMPUTER CODES | 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 4 | Date(s) of Failure(s) 8-10-00 Mileage at Failure(s) 27,000 Vehicle Speed at Failure(s) 5, 45, 60 - ANY SPEED | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| APPLICATION INCIDENT INFORMATION | | | | | |
|---|---|---------------------------------------|----------------------------------|---------------------------------------|---|
| <small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small> | | | | | |
| Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage 0 | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

WHILE DRIVING 45MPH TOOK FOOT OFF ACCELERATOR AND VEHICLE INCREASED SPEED & MAINTAINED THAT SPEED. CRUISE CONTROL NOT ON. VEHICLE FAILED TO SLOW DOWN WITH BRAKING & RPM'S HAD CAME DOWN WITHOUT BRAKING. WILL BE TAKING TO DEALER FOR A CHECK.*AK

TAKES OFF BY ITSELF AT STOP LIGHT AND MUST BE CONSTANTLY HAVING TO BE ON BRAKES. ON EXPRESS WAY IT TAKES FOREVER TO DECELERATE. MOST OF THE TIME MUST USE BRAKES TO SLOW

CONTINUE ON BACK IF NEEDED

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