Form Approved: O.M.B. No. 2127-0039

U.S. Department of Transportation
National 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: 18-OCT-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: 873347

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FORD	CROWN VICTORI	1985	

Purchase Date	Dealer's Name / City / State / Zip Code	Engine Size (CID/CC/L) / No Cylinders	
☐ New ☒ Used			☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
05100000	ENGINE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s): 17-SEP-2000	☐ Yes ☐ No	☐ Yes ☐ 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
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

HE WAS TRAVELING ABOUT 35MPH ON THE HIGHWAY COMMING INTO THE TOWN. AND THE VEHICLE SHUT OFF WITHOUT PRIOR NOTICED. NO BRAKES NO POWER STEERING THE VEHICLE HAD TO BE TOWED. THE VEHICLE WAS TOWED TO DELL'S SERVICE CENTER AND REPLACED THE IGNITION MODULAR AND THE DISTRIBUTOR PICK UP AND THEY ARE FORD PARTS.

CONTINUED ON BACK IF NEEDED

Form Approved. O.M.B. No. 2127-0008

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FOR AGENCY USE ONLY 252

Date Received: RECEIVED 18-OCT-2000 7: 00 NOV -9 AM OFFICE DEFECTS INVESTIGATION

Odr_or ____ ____
rt_dt ____ ____
od_rt ____ ____
dr_ltr ____ ____

Reference No. 873347

Work Number

Home Nu [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 648081

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an [redacted] name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 10/30/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2FABP43F2FX137137	FORD	CROWN VICTORI	1985	66989

Purchase Date

☐ New ☒ Used

Dealer's Name: Private Party

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) 5.0 No Cylinders 8

☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☒ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
08500000 08630001	ELECTRICAL SYSTEM:IGNITION ELECTRICAL SYSTEM:IGNITION:DISTRIBUTOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☒ Replacement

No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	17-SEP-2000	65700	35	☐ Yes ☒ No	☐ Yes ☒ 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
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

CONSUMER WAS TRAVELING ABOUT 35MPH ON HIGHWAY COMING INTO TOWN. AND VEHICLE SHUT OFF WITHOUT PRIOR NOTICE. NO BRAKES/NO POWER STEERING, VEHICLE HAD TO BE TOWED TO DELL'S SERVICE CENTER. SERVICE CENTER REPLACED THE IGNITION MODULE AND DISTRIBUTOR PICK UP, AND THEY ARE FORD PARTS.*AK

CONTINUE ON BACK IF NEEDED

315851

DELL'S SERVICE CENTER, INC.

840 VANDERPERREN WAY
GREEN BAY, WI 54304-5340
920 - 494-2860
COMPLETE CAR CARE

DATE OF ORDER	9-18
TIME PROMISED	2:00
EST. COMP. DATE	
TENDERED DATE	
HOME PHONE	494-2086
WORK PHONE	
ESTIMATE $	

[redacted]

YEAR MAKE	MODEL	COLOR
85	Crown Vic	Tan

LICENSE NO.	ODOMETER	SERIAL NO.
475731	64711	

ADDITIONAL WORK:

AUTHORIZED BY:

DATE	A.M. P.M. TIME	NO. CALLED	NEW TOTAL ESTIMATE
			380

QUAN.	DESCRIPTION (N - NEW, R - REBUILT, U - USED, W - WARRANTY, R/C - RECYCLED)	ESTIMATE PRICE	FINAL PRICE
1	Ignition module	100 07	100 07
1	Dist Pick-up	49 97	49 97
	PARTS AND ACCESSORIES TOTAL →	150 04	150 04
	SUBLET REPAIR SHOP		
	SUBLET REPAIR TOTAL →		

ESTIMATE LABOR	REPAIR INSTRUCTIONS	FINAL LABOR CHARGE
	Quit going down road	
	Checked wont start, has good fuel Pressure	
25 50	No spark or Injector Pulse Check out	25 50
	found mod module / Pickup	
76 50	R&R Dist Ignition module + Pick-up	76 50
102 00	← ESTIMATE LABOR TOTAL	

SERVICED BY: GO

LUBRICATION	
CHANGE OIL	
ROTATE / CHANGE TIRES	
CHANGE TRANS.	
BALANCE TIRES	
AIM HEADLIGHTS	
X TOWING OR ROAD SERVICE	100 —

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repairs. ______

2. Please proceed with repairs, but call me before continuing if the price will exceed $ ______

3. I do not want an estimate. ______

Do you want the replaced parts you are entitled to? ☐ Yes ☐ No

Hold parts for inspection? ☐ Yes ☐ No

Call when vehicle is ready ☐ Yes ☐ No

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

☐ This vehicle received without face to face customer contact.

SHOP REPRESENTATION SIGNATURE

I HEREBY AUTHORIZE the above repair work to be done along with necessary material. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I UNDERSTAND THAT ALL CHARGES ARE DUE WITHIN 30 DAYS FROM BILLING DATE. IF PAYMENT IN FULL IS NOT MADE BY THEN, I HEREBY AGREE TO PAY SIMPLE INTEREST AT THE RATE OF 1½% PER MONTH (18% PER ANNUM) ON THE DECLINING UNPAID BALANCE UNTIL PAID IN

[redacted]

QTY	ITEM	PRICE
	QTS. OILS	
	LBS. GREASE	
	AUTO TRANS. OILS	
	ENTER TOTAL TO RIGHT →	

DELIVERY DATE ______

CASH ☐
CREDIT CARD ☐
CHARGE ☐

Thank You!
We appreciate your business

TOTAL PARTS	150 04
~~SUBLET~~ LABOR Tow	100 00
TOTAL LABOR	102 00
OIL GREASE, ETC.	
SHOP MATERIALS	7 04
EPA WASTE	
SUB-TOTAL	359 08
SALES TAX	17 98
GAL. GAS	
TOTAL →	377 06