

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

26-OCT-2000

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

Reference No.

873931

 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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FACP42EILF225754	FORD	MUSTANG	1990	

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 08500000 12111000	Par. Name(s) ELECTRICAL SYSTEM:IGNITION INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) 19-JAN-2000 Mileage at Failure(s) 91875 Vehicle Speed at Failure(s) 2	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	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)

CONSUMER WAS TRAVELING ABOUT 30MPH ON A FREEWAY EXIT AS SHE WAS SLOWING DOWN FOR THE EXIT VEHICLE SHUTDOWN WITHOUT PRIOR WARNING. LOST CONTROL AND VEHICLE WENT STRAIGHT INTO A TREE. FRONTAL AIRBAGS DIDN'T DEPLOY AT ALL. DEALERSHIP WAS AWARE OF THE SITUATION. DRIVER SUSTAINED INJURIES. \*AK

CONTINUED ON BACK PLEASE

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.

**FOR AGENCY USE ONLY 252**

**RECEIVED**  
 Date Received: 04 Nov 20  
 Office: DEFECTS DIVISION  
 Reference No.: 873931

**OWNER INFORMATION (Type or Print)**  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 www.nhtsa.dot.gov/hotline  
 1-888-327-4236

651166

Work Number: [Redacted]  
 Home Number: [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.**  
 Date: 11/10/00

**VEHICLE INFORMATION**

Signature of Owner: [Redacted]

Vehicle Ident. No. (VIN): 1FACP42E1FZ25754  
 (Located at bottom of windshield on driver's side)

Vehicle Make: FORD  
 Vehicle Model: MUSTANG  
 Vehicle Year: 1990

Current Odometer Reading: [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Dealer's Name: [Redacted]

Engine Size: (CID/CC/L) [Redacted]  
 Turbo  Diesel  Gas  Fuel Injection

Purchase Date: [Redacted]

New  Used

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Transmission Type:  Automatic  Manual

Articled Brakes:  Yes  No

Restraint System:  3-Point Belt  Motorbelt  2-Point Belt

Passenger-side Airbag:  Driver-side Airbag:  Motorbelt:  2-Point Belt:

Cruise Control:  No  Yes

Drive Train:  4-Wheel  Front  Rear

Vehicle Type:  Car  Van  Truck  Motorcycle  Other

Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**Component** 04500000 12111600

**Part Name(s)** ELECTRICAL SYSTEM:IGNITION  
 INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA

**Location**  Front  Left  Right  Rear

**Failed Part(s)**  Original  Replacement

**No of Failures** 0

**Date(s) of Failure(s)** 19-JAN-2000

**Mileage at Failure(s)** 91875

**Vehicle Speed at Failure(s)** 0

**Failed Part(s)** Available?  Yes  No

**NHTSA Previously Contacted?**  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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Persons Injured	1
Number of Fatalities	0
Estimated Property Damage	
Reported to Police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)**

CONSUMER WAS TRAVELING ABOUT 30MPH ON A FREEWAY AS SHE WAS SLOWING DOWN FOR THE EXIT. VEHICLE SHUTDOWN WITHOUT PRIOR WARNING. LOST CONTROL AND IT WENT STRAIGHT INTO A TREE. FRONTAL AIRBAGS DIDNT DEPLOY. DEALERSHIP WAS AWARE OF THE SITUATION. DRIVER SUSTAINED INJURIES. AK

(Auto Body Shop) \$4,250.00 Damage paid by insurer.

The control of steering, car would not turn.

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ACR IF NEEDED