

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 758

Date Received

15-NOV-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

874979

 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 front of windshield on drivers side)	Vehicle Make FORD	Vehicle Model TEMPO	Vehicle Year 1990	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08500000	Part Name(s) ELECTRICAL SYSTEM:IGNITION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>01-MAY-2000</u> Mileage at Failure(s) <u>94000</u> Vehicle Speed at Failure(s) _____	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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE MAKING A LEFT HAND TURN CONSUMER CAME TO STOP AND VEHICLE STALLED RESULTING IN BEING HIT ON LEFT REAR DOOR AND VEHICLE SPUN AROUND. CONSUMER WAS TOLD BY MECHANIC REAR AXLE WAS BENT DUE TO THIS ACCIDENT. CONSUMER CONTACTED FORD, AND WAS INFORMED THAT THEY WOULD PAY FOR DAMAGE TO VEHICLE, APPROXIMATELY \$1300. VEHICLE HAS BEEN STALLING FOR THE LAST 30000 MILES. *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) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758 Date Received <u>NOV 28 PM 1:20</u> <u>15 NOV 2000</u> Office of Defects Investigation	
OWNER INFORMATION (Type or Print) <u>655648</u>				Reference No. 874979	
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 <u>1/1</u>				Work Number _____ Home Number _____	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) ADD 2FA PP36X2LB108290		Vehicle Make FORD	Vehicle Model TEMPO	Vehicle Year 1990	Current Odometer Reading
Purchase Date <u>04 01 99</u> ☐ New ☒ Used	Dealer's Name <u>Moved</u> City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____ ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection		
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag <u>NO AC</u>		Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☒ Car ☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Minivan ☐ Other _____		Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 08500000	Part Name(s) ELECTRICAL SYSTEM: IGNITION		Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement	
No of Failures	Date(s) of Failure(s) <u>01-MAY-2000</u> Mileage at Failure(s) <u>34000</u> Vehicle Speed at Failure(s) <u>Slowing Down</u>		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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>me</u>	Number of Fatalities	Estimated Property Damage <u>2,650.58</u>	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE MAKING A LEFT HAND TURN CONSUMER CAME TO STOP AND VEHICLE STALLED RESULTING IN BEING HIT ON LEFT REAR DOOR AND VEHICLE SPUN AROUND. CONSUMER WAS TOLD BY MECHANIC REAR AXLE WAS BENT DUE TO THIS ACCIDENT. CONSUMER CONTACTED FORD, AND WAS INFORMED THAT THEY WOULD PAY FOR DAMAGE TO VEHICLE, APPROXIMATELY \$1300. VEHICLE HAS BEEN STALLING FOR THE LAST 30000 MILES. *AK <i>Had insurance with auto owners this estimate is wrong.</i> <i>Here die 2650.58 there is damage under the car No Body.</i> <i>check under the car even when you startup it will die.</i>					
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.					

may have to get another estimate pull up another part of the estimate

I. Labor Subtotals						II. Part Replacement Summary			Amount
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				
Body	25.5	30.00	0.00	0.00	765.00	T	Taxable Parts	1,307.52	
Refinish	8.5	30.00	0.00	0.00	255.00	T	Sales Tax	78.45	
							6.000%		

I. Labor Subtotals						II. Part Replacement Summary		Amount
Units	Rate	Add'l Labor Amount	Sublet Amount	Totals		Taxable Parts		
Body	25.5	30.00	0.00	765.00 T		Sales Tax	@ 6.000%	1,307.52
Refinish	8.5	30.00	0.00	255.00 T				78.46
Taxable Labor				1,020.00		Total Replacement Parts Amount		1,385.97
Labor Tax				81.20				
@ 6.000 %								
Labor Summary				34.0	1,081.20			
III. Additional Costs					Amount	IV. Adjustments		Amount
Taxable Costs					173.00	Customer Responsibility		0.00
Sales Tax					10.38			
@ 6.000%								
Total Additional Costs					183.38			
						I. Total Labor:		1,081.20
						II. Total Replacement Parts:		1,385.97
						III. Total Additional Costs:		183.38
						Gross Total:		2,650.55
						IV. Total Adjustments:		0.00
						Net Total:		2,650.55

Point(s) of Impact

8 Left Rear Side (P)

PLEASE READ CAREFULLY. CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
 I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE.
 IF MY FINAL BILL EXCEED \$50.00.
 _____ I REQUEST A WRITTEN ESTIMATE
 _____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS
 DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT
 MY WRITTEN OR ORAL APPROVAL.
 _____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGN X _____ DATE: _____

*Bent axle is not on this estimate
 Nor the Leak under the car*

ESTIMATE RECALL NUMBER: 5/25/2000 15:33:43 68

Mitchell Data Version:

MAY_00_A

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*This is the second Letter I sent
 in*