



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 241

Date Received

13-DEC-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

876481

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 top of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	FORD	MUSTANG	1998	

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	<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)
05230000 03271000 05150020	ENGINE COOLING SYSTEM:PUMP:WATER BRAKES:HYDRAULIC:DISC:CALIPER ENGINE:GASKETS	<input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>54000</u> 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
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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)

REPORTING EXCESSIVE WEAR OF REAR BRAKE SHOES, DUE TO DEFECTED CALIPER AND VEHICLE EXPERIENCE A HEAD GASKET FAILURE DUE TO WATER PUMP BREAKING OFF THE BRACKET AND CAUSING A SERPENTINE BELT FAILURE; DEALER / MFR'S NOTIFIED AND INFORMED THAT NOTHING WOULD BE DONE DUE TO VEHICLE OUT OF IT WARRANTY AND NOT COVER UNDER A RECALLS. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER:

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.



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 241

Date Received 13-DEC-2000

Od or rt or l or up or

DEFECTS INVESTIGATION

Reference No. 876481

OWNER INFORMATION (Type or Print)

[Redacted] 660999

Work Number
Home Number

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 [Redacted] Date 11/13/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1EAF044TWF1841RS PLEASE FILL IN
Vehicle Make FORD Vehicle Model MUSTANG Vehicle Year 1998 Current Odometer Reading 56,000

Purchase Date 6/99 Dealer's Name Big Valley Ford Engine Size (CID/CC/L) Turbo Diesel Gas Fuel Injection
 New Used City Stockton State CA Zip Code 94132 No Cylinders _____

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06230000 Part Name(s) ENGINE COOLING SYSTEM:PUMP:WATER Location Left Right Front Rear Failed Part(s) Original Replacement
01271000 BRAKES:HYDRAULIC:DISC:CALIPER
06180021 ENGINE:GASKETS:VALVE COVER

No of Failures _____ Date(s) of Failure(s) 15-AUG-2000 Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No
Mileage at Failure(s) 54000
Vehicle Speed at Failure(s) 60 MPH (water pump)

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 1,100 (est) Reported to Police Yes No

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

EXCESSIVE WEAR OF REAR BRAKE SHOES DUE TO DEFECTIVE CALIPER. VEHICLE EXPERIENCED A HEAD GASKET FAILURE DUE TO WATER PUMP BREAKING OFF BRACKET, AND CAUSING A SERPENTINE BELT FAILURE. DEALER / MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT NOTHING WOULD BE DONE DUE TO EXPIRED WARRANTY, AND VEHICLE WAS NOT COVERED UNDER A RECALL. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

water pump casing and bills on request

CONTINUE ON BACK IF NEEDED

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