

 DOT Auto Safety Hotline		FOR AGENCY USE ONLY 117	
U.S. Department of Transportation Vehicle Owner's Questionnaire (VOQ) National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received 26-DEC-2000	
OWNER INFORMATION (Type or Print) 663055		Od_or _____ rt_dt _____ ad_rt _____ up_itr _____ Reference No. 877011	
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.		Work Number _____ Home Number _____	
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1FALP52U3VG191164		Vehicle Make FORD	
Vehicle Model TAURUS		Vehicle Year 1997	
Current Odometer Reading 			
Purchase Date ☐ New ☒ Used		Dealer's Name _____ City _____ State _____ Zip Code _____	
Engine Size (CID/CC/L) _____ No Cylinders _____		☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☒ Yes ☐ Automatic ☐ No		Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ 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	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT		Location ☐ Left ☐ Right ☐ Front ☐ Rear
Failed Part(s) ☐ Original ☐ Replacement		No of Failures 15-SEP-2000	
Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)		Failed Part(s) ☐ Yes ☐ No	
NHTSA Previously ☐ 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 Damag 		Reported to Polic ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
A FUNNY NOISE COMING FROM STEERING WHEEL. TOOK VEHICLE TO DEALERSHIP & MECHANIC INDICATED THAT AIR BAG WAS DEFECTIVE. CLOCK SPRING/CONTACT SWITCH WERE NOT WORKING. IT WAS DAMAGED. AIR BAGS WOULD NOT DEPLOY IF INVOLVED IN AN ACCIDENT. AIR BAG NEEDED TO BE REPLACED. WAS NOT COVERED UNDER WARRANTY.*AK			
CONTINUE ON BACK IF NEEDED			
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.			

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OWNER INFORMATION (Type or Print)			
		663055	
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>01/23/2001</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FALP52U3VG191164		Vehicle Make FORD	Vehicle Model TAURUS
		Vehicle Year 1997	Current Odometer Reading
Purchase Date <u>Nov 1997</u>	Dealer's Name <u>Anderson Ford</u>		Engine Size (CID/CC/L) _____
☐ New ☒ Used	City <u>St Joseph</u> State <u>MO</u> Zip Code <u>64506</u>		No Cylinders _____
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Engine Type ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
		Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
		Vehicle Type ☒ Car ☐ Sport Utl ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT		Location ☐ Left ☐ Right ☐ Front ☐ Rear
		Failed Part(s) ☒ Original ☐ Replacement	
No. of Failures	Date(s) of Failure(s) <u>15-SEP-2000</u> Mileage at Failure(s) <u>81</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
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
A FUNNY NOISE COMING FROM STEERING WHEEL. TOOK VEHICLE TO DEALERSHIP & MECHANIC INDICATED THAT AIR BAG WAS DEFECTIVE. CLOCK SPRING/CONTACT SWITCH WERE NOT WORKING. IT WAS DAMAGED. AIR BAGS WOULD NOT DEPLOY IF INVOLVED IN AN ACCIDENT. AIR BAG NEEDED TO BE REPLACED. WAS NOT COVERED UNDER WARRANTY.*AK			
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