

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY t56	
OWNER INFORMATION (Type or Print) 663409		Date Received 28-DEC-2000	Od or _____ rt dt _____ od rt _____ up ltr _____
		Reference No. 877112	
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 ____/____/____		Work Number _____ Home Number _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 2FAPP36X4KB219535	Vehicle Mak FORD	Vehicle Mode TEMPO	Vehicle Year 1989
Purchase Date ☐ New ☒ Used		Dealer's Name _____ City _____ State _____ Zip Code _____	
Engine Siz (CID/CC/L) _____ No Cylinders _____		☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	Cruise Control ☐ Yes ☒ No
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____	
☐ Sport Ult ☐ Truck ☐ Motorcycle		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08500000	Part Name(s) ELECTRICAL SYSTEM:IGNITION		Location ☐ Left ☐ Front ☐ Right ☐ Rear
Failed Part(s) ☐ Original ☐ Replacement		No of Failures Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(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 Fatalitie _____
Estimated Property Damag _____		Reported to Polic ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING VEHICLE STALLS UNEXPECTEDLY WHICH MAY CAUSE A CRASH. DEALER CANNOT DETERMINE CAUSE. HOWEVER, IT IS A COMMON PROBLEM. PLEASE PROVIDE FURTHER INFORMATION. *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 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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 158	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 863409		Date Received: 28-DEC-2000 OFFICE OF INVESTIGATION Reference No. 877112	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer. Signature of Owner: [Redacted] Date: 2/1/2001		Work Number: [Redacted] Home Number: [Redacted]	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2FAPP36X4KB219636		Vehicle Make FORD	Vehicle Model TEMPO
Purchase Date [Redacted]		Vehicle Year 1989	Current Odometer Reading [Redacted]
Dealer's Name: CCLARGE MTR City: ALBANY State: NY Zip Code: [Redacted]		Engine Size (CID/CC/L): 6.0 No Cylinders: 4 ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
Transmission Type: ☒ Automatic ☐ Manual		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 Utility Truck ☐ Minivan ☐ Motorcycle ☐ Other	
Body Style: ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 08800008	Part Name(s): ELECTRICAL SYSTEM:IGNITION	Location: ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s): ☐ Original ☐ Replacement
No of Failures: MANY	Date(s) of Failure(s): DATE PURCHASED TO NOW - HOTS OF THEM Mileage at Failure(s): 68 Vehicle Speed at Failure(s): STOPPED OR STARTING UP	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: [Redacted]	Number of Fatalities: [Redacted]
Estimated Property Damage: [Redacted]		Reported to Police: ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING VEHICLE STALLS UNEXPECTEDLY WHICH MAY CAUSE A CRASH. DEALER CANNOT DETERMINE CAUSE. HOWEVER, IT IS A COMMON PROBLEM. PLEASE PROVIDE FURTHER INFORMATION. *AK THIS CAR WAS TAKEN BACK TO DNR FOR STALLING - ALWAYS - NOTHING WHEN I HAVE HAD IT TO MY OWN REPAIRMAN - CHECK - NOTHING - TODAY WHEN I GOT IT AT THE GARAGE - HE DID CHECKS - NOTHING SHOWS UP. THIS WAS BEFORE 50 MILE TRIP + CAR ENG. HEATED UP - SHORT DRIVES - DOESN'T HANG - NOW - I'M GOING			
CONTINUE ON BACK IF NEEDED			
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