
 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 255</b></p>		
<p><b>OWNER INFORMATION (Type or Print)</b></p>		<p>Date Received</p> <p>08-JAN-2001</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p>		
<p>665288</p>		<p>Reference No.</p> <p>877648</p>		<p>Work Number _____ Home Number _____</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>						
<p>Signature of Owner _____ Date / / _____</p>						
<b>VEHICLE INFORMATION</b>						
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p>		<p>Vehicle Mak</p> <p>FORD</p>	<p>Vehicle Mode</p> <p>MUSTANG</p>	<p>Vehicle Year</p> <p>1986</p>	<p>Current Odometer Reading</p>	
<p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Siz (CID/CC/L) _____</p> <p>No Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>	
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel</p>	<p>Cruise Contro</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Trai</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>						
<p>Component</p> <p>04100000</p>	<p>Part Name(s)</p> <p>EMERGENCY PARKING BRAKE:MECHANICAL</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part/s</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No of Fail.res</p>	<p>Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<b>APPLICATION INCIDENT INFORMATION</b>						
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)						
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>1</p>	<p>Number of Fatalitie</p>	<p>Estimated Property Damag</p>	<p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>						
<p><b>EMERGENCY BRAKE WAS IN UP POSITON, MEANING THAT BRAKE WAS ON. BRAKE RELEASED WHEN THE CONSUMER WAS ON THE SIDE OF VEHICLE,CAUSING INJURY. DEALER HAS BEEN CONTACTED.</b></p>						
CONTINUE ON BACK IF NEEDED						
<p>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.</p>						

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		<p>Date Received 08-JAN-2001 DEFECTS UNIT</p>	<p>Od. or ft. or od. ft. up. ltr. Reference No. 877648</p>
OWNER INFORMATION (Type or Print)		Work Number	Home Number
[Redacted]		[Redacted]	[Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of an address to the vehicle manufacturer.  YES  NO  
Signature of Owner \_\_\_\_\_ Date: 2/13/01

IFAPP28MOGF311643						VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make		Vehicle Model		Vehicle Year		Current Odometer Reading	
IFAPP28MOGF311643		FORD		MUSTANG		1986		97,000	
Purchase Date 7-13-2000		Dealer's Name City Auto Sales				Engine Size (CID/CC/L) 5.0		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City Memphis State Tn. Zip Code 38124				No Cylinders 8			
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic		Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Restraint System 2 seat belts <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	
						Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" 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 04100009		Part Name(s) EMERGENCY PARKING BRAKE:MECHANICAL		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures 2		Date(s) of Failure(s) 12-18-2000, 12-4-2000		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Mileage at Failure(s) 97,000		Vehicle Speed at Failure(s) Coasted down drive way.			

### 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 \$1,700.00		Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

EMERGENCY BRAKE WAS IN UP POSITON, MEANING THAT BRAKE WAS ON. BRAKE RELEASED WHEN THE CONSUMER WAS ON THE SIDE OF VEHICLE, CAUSING INJURY. DEALER HAS BEEN CONTACTED.

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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (COMPILED)

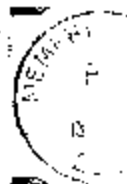
Brake was holding but released for no reason. Injured heard a 'pop' sound. Tried to reach the foot brake then when I realized I couldn't reach it I tried to jump out of the car and at that precise moment the car rolled into the brick mailbox in the injured's yard causing the passenger side door to trap injured for 10-15 minutes until the mailman came down the road and backed the car up. The emergency brake was still up.

★ U.S. G.P.O. 1992-625-887/8008

U.S. Department of Transportation  
National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
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IN THE  
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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

