



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 155**

Date Received

12-JAN-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rl \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

878082

Work Number

Home Number

**OWNER INFORMATION (Type or Print)**

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 bottom of windshield or driver's side) <b>1FAPP52U9WP270986</b>	Vehicle Make <b>FORD</b>	Vehicle Model <b>TAURUS</b>	Vehicle Year <b>1998</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injectio

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Sport Utility Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>06400000 03200000</b>	Part Name(s) <b>FUEL:THROTTLE LINKAGES AND CONTROL BRAKES:HYDRAULIC SYSTEM</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <b>01-JAN-2001</b>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>20</b>		
	Vehicle Speed at Failure(s)		

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**WHILE DRIVING VEHICLE SPEEDS UP AND CANNOT SLOW DOWN WHEN PRESSING DOWN ON BRAKES. THIS MAY CAUSE A CRASH. TOOK VEHICLE TO DEALER, BUT DEALER COULD NOT DETERMINE CAUSE. 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.



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FOR AGENCY USE ONLY 156

Date Received: 12-JAN-2001  
Office: DEFECTS INVESTIGATION

Ord. or alt. or up. It. No. \_\_\_\_\_

OWNER INFORMATION (Type or Print)

[Redacted] 666461

Case File No. 878082  
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 your signature, this report will be sent to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 1/29/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side): 1FAPP62U9WP270986  
Vehicle Make: FORD  
Vehicle Model: TAURUS  
Vehicle Year: 1998  
Current Odometer Reading: 35,633

Purchase Date: June 1999  
Dealer's Name: Tri-City Ford  
City: Eden State: NC Zip Code: 27288  
Engine Size (CID/CC/L): 3.0L  
No. Cylinders: V6  
 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  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Sport Util  Van  Truck  Minivan  Motorcycle  Other  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 06400000 03200000  
Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL BRAKES: HYDRAULIC SYSTEM  
Location:  Left  Right  Front  Rear  
Failed Part(s):  Original  Replacement  
Note: Vehicle will speed up by itself

No. of Failures: Never Fixed  
Date(s) of Failure(s): 01-JAN-2001 3-2000 thru NOW  
Mileage at Failure(s): 20  
Vehicle Speed at Failure(s): 0-65  
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)

WHILE DRIVING VEHICLE SPEEDS UP AND CANNOT SLOW DOWN WHEN PRESSING DOWN ON BRAKES. THIS MAY CAUSE A CRASH. TOOK VEHICLE TO DEALER, BUT DEALER COULD NOT DETERMINE CAUSE. PLEASE PROVIDE FURTHER INFORMATION.\*AK

Tri-City Ford has been working on this car for about a year, has not yet fixed. Has not offered to ~~that~~ take car back, or off the road.

CONTINUE ON BACK IF NEEDED

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