



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 125**

Date Received

**25-JAN-2001**

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_lfr \_\_\_\_\_

Reference No.

**878991**

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>(Located at bottom of dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>1FALP52U4SG247169</b>	<b>FORD</b>	<b>TAURUS</b>	<b>1995</b>			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
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 type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util 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 Truck <input type="checkbox"/> Other _____

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>05410000</b>	Part Name(s) <b>ENGINE MOUNTS</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) 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

**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 Damage	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)**

**ENGINE MOUNTS BROKE OR CORRODED WHICH CAUSED ENGINE TO TILT. PLEASE GIVE ANY FURTHER DETAILS.\*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.



# Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

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

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4238  
www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

669603

Reference No. 878991

FOR AGENCY USE ONLY 125

Date Received: FEB 12 2001  
Office: NHTSA

Signature of Owner: [Redacted]

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.

Date: 2/17/01

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	1FALP52U45G247169
Vehicle Make	FORD
Vehicle Model	TAURUS
Vehicle Year	1996
Current Odometer Reading	68,007

Purchase Date	4-98
Dealers Name	INDEPENDENT DEALER
City	
State	
Zip Code	
Engine Size (CID/CV)	3.0 L
No Cylinders	6
Turbo	<input type="checkbox"/>
Diesel	<input type="checkbox"/>
Gas	<input type="checkbox"/>
Fuel Injection	<input checked="" type="checkbox"/>

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual
Antilock Brakes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Restraint System	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag
Drive Train	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Jit <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
Body Style	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door

Component	06110000
Part Name(s)	ENGINE:MOUNTS
Location	Left <input type="checkbox"/> Right <input type="checkbox"/>
Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
No of Failures	
Date(s) of Failure(s)	
Mileage at Failure(s)	
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 checked="" type="checkbox"/> No

Crash	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fire	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of Persons Injured	0
Number of Fatalities	0
Estimated Property Damage	0
Reported to Police	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies), and injury(ies) on the back of the form)

ENGINE MOUNTS BROKE OR CORRODED WHICH CAUSED ENGINE TO TILT. PLEASE GIVE ANY FURTHER DETAILS. \*AK

THESE PARTS WERE REPLACED BY FORD DEALER AT NO CHARGE TO ME, AFTER I CONTACTED FORD MOTOR CO.

CONTINUE ON BACK IF NEEDED

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