



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 758

Date Received

12-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

880380

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 windshield on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1FALT52U5PG179241 | FORD | TAURUS | 1996 | | | |
| 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 checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 05150024 12424000 | Part Name(s) ENGINE-GASKETS-VALVE COVER INTERIOR SYSTEMS-INSTRUMENT PANEL-GAUGE-INDICATOR-TFI | 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) 09-FEB-2001 Mileage at Failure(s) 79000 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 |
|--|---|---------------------------|----------------------|---------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HEAT GAUGE WENT UP AND DOWN. TOOK VEHICLE TO DEALER WHO FLUSHED COOLANT AND FOUND COOLANT HAD BROKEN DOWN AND DAMAGED ENGINE. VEHICLE STILL AT DEALER AT THIS TIME. BLOWN HEAD GASKET. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-502 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>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 758</p> | |
| <p>OWNER INFORMATION (Type or Print)</p> | | <p>Date Received 12-FEB-2001</p> | | <p>Od. or rt. dt od. rt up. ltr</p> | |
| <p>874199</p> | | <p>Reference No. 888380</p> | | <p>Work Number</p> | |
| <p>Home Number</p> | | <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorized representative, your name and address to the vehicle manufacturer.</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> | | <p>Signature of Owner _____ Date 3/1/01</p> | |
| <p>VEHICLE INFORMATION</p> | | | | | |
| <p>Vehicle Ident. No. (VIN) (Entered at bottom of windshield on driver's side) 1FA1T52U5PG179241</p> | | <p>Vehicle Make FORD</p> | <p>Vehicle Model TAURUS</p> | <p>Vehicle Year 1996</p> | <p>Current Odometer Reading 86500</p> |
| <p>Purchase Date 2/2000</p> | | <p>Dealer's Name Bob's Auto Mart</p> | | <p>Engine Size (CID/CC/L) 3.0</p> | |
| <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p> | | <p>City Platteville State WI Zip Code 53818</p> | | <p>No. Cylinders 6</p> | |
| <p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> | | <p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p> | |
| <p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> | | <p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p> | |
| <p>Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p> | | | | | |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | |
| <p>Component 05160021 1242400</p> | | <p>Part Name(s) ENGINE:GASKETS:VALVE COVER Not Faulty INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR:TE Water Pump & Coolant System</p> | | <p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p> | |
| <p>No. of Failures</p> | | <p>Date(s) of Failure(s) 09-FEB-2001</p> | | <p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>Mileage at Failure(s) 86300</p> | | <p>Vehicle Speed at Failure(s)</p> | | <p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |
| <p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</p> | | | | | |
| <p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>Number of Persons Injured 0</p> | |
| <p>Number of Fatalities 0</p> | | <p>Estimated Property Damage 0</p> | | <p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |
| <p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> | | | | | |
| <p>HEAT GAUGE WENT UP AND DOWN. TOOK VEHICLE TO DEALER WHO FLUSHED COOLANT AND FOUND COOLANT HAD BROKEN DOWN AND DAMAGED ENGINE. VEHICLE STILL AT DEALER AT THIS TIME. BLOWN HEAD GASKET. *AK Vehicle was taken to Lancaster Ford Lancaster, WI 53813. Coolant was flushed & rerouted per recall on this model. Ford said recall was expired & would not stand behind it. Didn't fix problem the dealer said that it was the head gasket or head. I took the car to Whitaker Repair and was told coolant eats fins on the water pump. It not rerouted soon enough. Water Pump repaired no further problems. Cost at Ford Garage was</p> | | | | | |
| <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> | | | | | |

