



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 117

Date Received

12-APR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

885816

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>(Locate at bottom of and/or driver's door side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| FILL IN | FORD | TAURUS | 1995 | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name City _____ State _____ Zip Code _____ | Engine Size (CID/CC/L) _____ No. Cylinders _____ | <input type="checkbox"/> Turbo <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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag | 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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | 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 05100000 | Part Name(s) ENGINE | 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 |
| No of Failure | Date(s) of Failure(s) 09-APR-2001 114 Mileage at Failure(s) | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <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 Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|---|

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

WAS DRIVING APPROXIMATELY 45MINUTES-1 HOUR IN HOT WEATHER WHEN VEHICLE STALLED OUT. TAKEN TO DEALERSHIP, AND MECHANIC COULD NOT LOCATE CAUSE OF STALLING.*AK

CONTINUE ON REVERSE

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 117 | |
|---|--|---|--|
|  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) | | Date Received: <u>01 SEP 14 AM 12-APR-2001</u> Mod. or R. dt. _____ Reg. or up. dt. _____ Reference No. <u>885816</u> | |
| Signature of Owner _____ Date <u>5/14/01</u> | | Work Number _____ Home Number _____ | |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" 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. | | | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year |
| FILL IN <u>1FALP57U2SA311224</u> | <u>FORD</u> | <u>TAURUS</u> | <u>1995</u> |
| Current Odometer Reading | Purchase Date | | Dealer's Name |
| <u>116,010</u> | <u>3/4/98</u> | | <u>Wachovia Corp. Fleet</u> |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | | City | State |
| | | <u>Winston-Salem</u> | <u>NC</u> |
| Engine Size (C/D/C/C/L) <u>3.0L</u> No. Cylinders <u>6</u> | | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection | |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driveside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Drive Train | Vehicle Type | | Body Style |
| <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | | <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component | Part Name(s) | Location | Failed Part(s) |
| <u>06100000</u> | <u>ENGINE</u> | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures | Date(s) of Failure(s) | Mileage at Failure(s) | Vehicle Speed at Failure(s) |
| <u>5</u> | <u>09-APR-2001, 6/2/98, 11/14/99, 6/2/00</u> | <u>114K, 65K, 92K, 104K</u> | <u>25, 25, 70, 35</u> |
| | | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| see description for add'l | | | |
| APPLICATION INCIDENT INFORMATION | | | |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form) | | | |
| Crash | Fire | Number of Persons Injured | Number of Fatalities |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>None</u> | <u>None</u> |
| Estimated Property Damage | Reported to Police | | |
| <u>None</u> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| WAS DRIVING APPROXIMATELY 45MINUTES-1 HOUR IN HOT WEATHER WHEN VEHICLE STALLED OUT. TAKEN TO DEALERSHIP, AND MECHANIC COULD NOT LOCATE CAUSE OF STALLING.*AK | | | |
| Failures <u>6/26/98</u> Sitting at traffic light engine failed, would not crank up for about 15 min. Had been driving 5 hrs <u>11/14/99</u> Driving 70 mph on interstate hwy and engine failed. Pulled off, engine would not start for about 1 hr. Had been driving for 2 1/2 hrs. | | | |
| 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. | | | |



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73172 WASHINGTON, D.C.
POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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

4/8/00 Sitting at traffic light. When light changed
and started driving car engine failed.
Had been driving for 5 hours.
7/7/00 Driving 45 mph on state highway when
engine stalled. Filled off, would not crank
up for about 1 hr. Had been driving
for 3 hrs.
4/9/01 Driving on city streets car would not
crank after stopping at stop sign.
Had been driving about 15 min.
7/30/99 Driving on interstate at 70 mph. Engine stalled.
Also, on 7/30/99 had Pep Boys (retail auto store) try
to recreate symptoms to see what needed repair,
they were unsuccessful after testing for 2 days.
And took car to Reed Ford after 4/9/01 instance. They
ran diagnostics and tests for 2 days and they were
unsuccessful, too. Receipts for both are included.

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

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| INFORMATION ON THE FAILURE(S) (IF APPLICABLE) | | | | | | | | | |
| THE 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 (CONTINUED) | | | | | | | | | |

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(5)**

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