



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

26-JUN-2001

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

Reference No.

891286

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 1996	Current Odometer Reading		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input 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 12411000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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) _____ 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 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	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)

VEHICLE WAS INVOLVED IN A 25-30 MPH FRONTAL COLLISION IN WHICH DRIVER AND PASSENGER AIR BAGS DEPLOYED, CAUSING OCCUPANT OF PASSENGER SEAT TO RECEIVE INJUIRES TO EYES AND FACE. PLEASE GIVE ANY FURTHER DETAILS.*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.



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 125

Date Received

01 JUL 18 AM 9:06

26 JUN 2001

OFFICE

DEFECTS INVESTIGATION

Od_or _____
rt_dfl _____
od_rt _____
up_ltr _____

OWNER INFORMATION (Type or Print)

699283

Reference No.

891286

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

in the absence of an authorized signature, NHTSA may request the name and address to the vehicle manufacturer.

Signature of _____

Date 7/18/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1F4LP52W7TG314405
Vehicle Make FORD
Vehicle Model TAURUS
Vehicle Year 1996
Current Odometer Reading 110596

Purchase Date _____ Dealer's Name Republic Ford
City Republic State MO Zip Code _____
Engine Size (CID/CC/L) _____ Turbo
Diesel
Gas
Fuel Injection
No. Cylinders 6

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 Truck
 Van Motorcycle
 Minivan Other
Body Style 2-Door 4-Door
 Stationwagon Pick Up Truck
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12111000
Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A
Location Left Right Original
 Front Rear Replacement

No. of Failures _____ Date(s) of Failure: 05-29-01
Mileage at Failure(s): 110000
Vehicle Speed at Failure(s): _____
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 1
Number of Fatalities 0
Estimated Property Damage _____
Reported to Police Yes No

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

VEHICLE WAS INVOLVED IN A 25-30 MPH FRONTAL COLLISION IN WHICH DRIVER AND PASSENGER AIR BAGS DEPLOYED, CAUSING OCCUPANT OF PASSENGER SEAT TO RECEIVE INJURIES TO EYES AND FACE. PLEASE GIVE ANY FURTHER DETAILS. *AK
AER BAG deployed AND ~~SAFETY~~ BIDW UP
failing to hold air keeping the passenger safe.

CONTINUE ON BACK IF NEEDED

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