



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 798

Date Received

13-JUL-2001

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rp. ltr

Reference No.

892773

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 windshield)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| N/A | FORD | TAURUS | 1996 | | | |
| 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 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 05210000 | Part Name(s) ENGINE COOLING SYSTEM: RADIATOR | 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) 05-JUL-2001 50 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)

CONSUMER CALLED IT A SOFT PLUG THAT WHEN IT BLEW WATER AND ANTI FREEZE LEAKED OUT OF VEHICLE. AND VEHICLE CAN OVERHEAT. *AK

CONTINUED 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.

| | | | | | | | | |
|---|---|--|---|--|---|--|---|--|
| <p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p>FOR AGENCY USE ONLY 798</p> | | | | | | | |
| | <p>Date Received <u>13-JUL-2001</u></p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p> | <p>Od_or _____ r1_dt _____ od_rt _____ up_tr _____</p> <p>Reference No. <u>892773</u></p> | | | | | | |
| <p>OWNER INFORMATION (Type or Print)</p> <p>_____ <u>702550</u></p> | | | | | | | | |
| <p>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</p> <p>In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>9/15/01</u></p> | | | | | | | | |
| <p>VEHICLE INFORMATION</p> | | | | | | | | |
| <p>Vehicle Ident. No. (VIN) <u>NIA1FALP53U3T6251764</u> Vehicle Make <u>FORD</u> Vehicle Model <u>TAURUS</u> Vehicle Year <u>1996</u> Current Odometer Reading <u>51000</u></p> | | | | | | | | |
| <p>Purchase Date _____ Dealer's Name <u>DEAN ARBOR FORD</u> Engine Size (CID/CC/L) <u>3.0</u> <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used City <u>WESTBRANK</u> State <u>MI</u> Zip Code <u>49661</u> No Cylinders <u>6</u></p> | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</td> <td style="width:15%;">Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width:20%;">Restraint System <input checked="" 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</td> <td style="width:10%;">Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width:10%;">Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</td> <td style="width:15%;">Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</td> <td style="width:15%;">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</td> </tr> </table> | | 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"/> 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | 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 |
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| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | | | | |
| <p>Component <u>96210000</u> Part Name(s) <u>ENGINE COOLING SYSTEM: RADIATOR</u> Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p> | | | | | | | | |
| <p>No of Failures <u>2</u> Date(s) of Failure(s) <u>05-JUL-2001</u> Mileage at Failure(s) <u>50</u> Vehicle Speed at Failure(s) <u>55</u> Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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> | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width:15%;">Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width:15%;">Number of Persons Injured <u>NONE</u></td> <td style="width:15%;">Number of Fatalities <u>NONE</u></td> <td style="width:15%;">Estimated Property Damage</td> <td style="width:15%;">Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table> | | Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured <u>NONE</u> | Number of Fatalities <u>NONE</u> | Estimated Property Damage | Reported to Police <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 <u>NONE</u> | Number of Fatalities <u>NONE</u> | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> | | | | | | | | |
| <p>CONSUMER CALLED IT A SOFT PLUG THAT WHEN IT BLEW WATER AND ANTI FREEZE LEAKED OUT OF VEHICLE. AND VEHICLE CAN OVERHEAT. *AK</p> <p><i>They told me that they had no problem with soft plugs but two of them had been replaced when I bought the car. I tried on it that they had a problem. Cost 70.00 to replace one. Cecil</i></p> | | | | | | | | |

CONTINUE ON BACK IF NEEDED

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