



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 241**

Date Received

04-OCT-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

897338

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make  | Vehicle Model   | Vehicle Year  | Current Odometer Reading   |   |   |
| 1FAPP52U5WA267565  | FORD  | TAURUS  | 1998  |  |   |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>01310000 | Part Name(s)<br>STEERING:POWER ASSIST:PUMP                                | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s) 15-FEB-2000<br>63000<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|---|

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

ONGOING PROBLEM WITH POWER STEERING PUMP WOULD INTERMITTENTLY / MOMENTARILY STOP OPERATING WHILE DRIVING. HAD TO STOP VEHICLE AND RESTART IT FOR POWER STEERING TO OPERATE AGAIN. VEHICLE BEEN TO DEALER, BUT PROBLEM STILL OCCURRING .FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER.\*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 241  |   |
|---|--|--|---|
|  U.S. Department of Transportation<br>National Highway Traffic Safety Administration   |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |   |
| OWNER INFORMATION (Type or Print)   |  | Date Received: <u>14-OCT-2001</u><br>Reference No. <u>897338</u>   |   |
| [Redacted] <u>718774</u>  |  | Work Number: [Redacted]<br>Home: [Redacted]  |   |
| 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<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.  |  |  |   |
| Signature of Owner: [Redacted]  |  | Date: <u>10/14/01</u>  |   |
| VEHICLE INFORMATION   |  |  |   |
| Vehicle Ident. No. (VIN): <u>1FAPP52U5WA267565</u>  | Vehicle Make: <u>FORD</u>  | Vehicle Model: <u>TAURUS</u>   | Vehicle Year: <u>1998</u>   |
| Purchase Date: <u>12/29/99</u>  | Dealers Name: <u>Wichee Auto Sales</u>   | Engine Size (CID/CC): _____  | <input type="checkbox"/> Turbo Diesel<br><input checked="" type="checkbox"/> Gas Fuel Injectio  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used   | City: <u>Centrage</u> State: <u>MS</u> Zip Code: <u>39051</u>                        | No. Cylinders: _____   |   |
| 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag | 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <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 checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck  |
| FAILED COMPONENT(S)/PART(S) INFORMATION   |  |  |   |
| Component: <u>01310000</u>  | Part Name(s): <u>STEERING POWER ASSIST PUMP</u>                                      | 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 Failures: _____  | Date(s) of Failure(s): <u>15-FEB-2000</u>  | Mileage at Failure(s): <u>63000</u>  | Vehicle Speed 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 Damage: _____   | Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)   |  |  |   |
| ONGOING PROBLEM WITH POWER STEERING PUMP WOULD INTERMITTENTLY / MOMENTARILY STOP OPERATING WHILE DRIVING. HAD TO STOP VEHICLE AND RESTART IT FOR POWER STEERING TO OPERATE AGAIN. VEHICLE BEEN TO DEALER, BUT PROBLEM STILL OCCURRING. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER. *AK   |  |  |   |
| <i>Other Ford with same problem have been brought into Frontier Ford - Centrage, MS. It seems the transmission range sensor is the problem.</i>   |  |  |   |
| 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. |  |  |   |