



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 1038

Date Received

12-OCT-2001

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rp\_lr

Reference No.

897659

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 driver's side)</small> | Vehicle Make   | Vehicle Model  | Vehicle Year  | Current Odometer Reading  |   |   |
| 1FALP5249SG323355   | FORD   | TAURUS   | 1995  |   |   |   |
| Purchase Date   | Dealer's Name  | Engine Size<br>(CID/CC/L)  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |   |   |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                             | City _____ State _____ Zip Code _____                                  | No Cylinders _____   |   |   |   |   |
| Transmission Type   | Antilock Brakes  | Restraint System   | Cruise Control  | Drive Train   | Vehicle Type  | Body Style  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input 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 | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <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 _____ | <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>05100000 | Part Name(s)<br>ENGINE  | 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)<br>01-OCT-2001<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 Polic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|--|

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

ENGINE STALLS WHILE DRIVING. DEALER HAS YET TO BE CONTACTED. PLEASE PROVIDE 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.

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 www.nhtsa.dot.gov/hotline  
 1-888-327-4236  
 12-OCT-2001  
 Date Received: 10/17/01  
 1038  
 HON AGENCY USE ONLY  
 Reference No. 897659  
 Work Number  
 Home No. 720031

**VEHICLE INFORMATION**

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Vehicle Ident. No. (VIN) (located at bottom of windshield in driver's ft.) \_\_\_\_\_  
 Vehicle Make \_\_\_\_\_  
 Vehicle Model \_\_\_\_\_  
 Vehicle Year \_\_\_\_\_  
 Current Odometer Reading \_\_\_\_\_

**VEHICLE INFORMATION**

Purchase Date \_\_\_\_\_  
 Dealer's Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Engine Size (CID/CCL) \_\_\_\_\_ No. Cylinders \_\_\_\_\_  
 Turbo \_\_\_\_\_ Diesel \_\_\_\_\_ Gas \_\_\_\_\_ Fuel Injectio \_\_\_\_\_

Transmission Type:  Manual  Automatic  
 3-Point Belt  Driver's Side Airbag  Passenger's Side Airbag  
 Motorcyclist  2-Point Belt  No

Cruise Control  Drive Train  Rear 4-Wheel  Other \_\_\_\_\_  
 Vehicle Type:  Van  Truck  Motorcycle  Other \_\_\_\_\_  
 Body Style:  2-Door  Station Wagon  Pick Up  Truck

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

Component 05100000 ENGINE  
 Part Name(s) \_\_\_\_\_  
 Location:  Front  Rear  Left  Right  Failed Part(s) \_\_\_\_\_  
 Failed Part(s) Original  Replacement

No. of Failures \_\_\_\_\_  
 Date(s) of Failure(s) 01-OCT-2001  
 Mileage at Failure(s) \_\_\_\_\_  
 Vehicle Speed at Failure(s) \_\_\_\_\_  
 Failed Part(s) Yes  No   
 Previously 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 \_\_\_\_\_  
 Number of Fatalities \_\_\_\_\_  
 Estimate of Property Damage \_\_\_\_\_  
 Reported to Police Yes  No

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

ENGINE STALLS WHILE DRIVING. DEALER HAS YET TO BE CONTACTED. PLEASE PROVIDE FURTHER DETAILS. \*AK  
 [REDACTED]  
 [REDACTED]

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.

FOR RETURN TO: [REDACTED]  
 FOR MAILING BACK IF NEEDED

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)(6)

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