



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 1039

Date Received

24-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

898181

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		
1FALP5245SG235595	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 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 05100000 05150021	Part Name(s) ENGINE ENGINE:GASKETS:VALVE COVER	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	Dates of Failure(s) 17-OCT-2001 Mileage at Failure(s) 114 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 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)

HEAD GASKETS BLEWOUT WHILE DRIVING. ALSO, VEHICLE STARTED SMOKING WITH COOLANT AND OIL COMING FROM UNDERNEATH VEHICLE. CONTACTED DEALER, AND HAD TO REPLACE ENGINE. *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 1039

Date Received: 24-OCT-2001
 Od_or: _____
 rt_dt: _____
 od_rt: _____
 up_itr: _____

OWNER INFORMATION (Type or Print)

722980
 Work Number: [Redacted]
 Home Number: [Redacted]

Reference No.
898181

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 in the absence of your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 11/7/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom windshield or driver's side): 1FALP5245SG235595
 Vehicle Make: FORD
 Vehicle Model: TAURUS
 Vehicle Year: 1995
 Current Odometer Reading: 114,000

Purchase Date: 4/96
 Dealer's Name: Woodfield Ford
 Engine Size (CIN/CC/L): 3.8
 No. Cylinders: 6
 Turbo Diesel Gas Fuel Injectio

City: Schaumburg State: IL Zip Code: 60173
 Transmission Type: Manual Automatic
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt Motorbelt 2-Point Bel
 Driverside Airbag Passengerside Airbag
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Sport Utl Van Truck Minivan Motorcycle Other
 Body Style: 2 Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 05100000
05150021
 Part Name(s): ENGINE
ENGINE:GASKETS:VALVE COVER
 Location: Left Right Front Rear
 Failed Part(s): Original Replacement

No of Failures: 1
 Date(s) of Failure(s): 17-OCT-2001
 Mileage at Failure(s): 114
 Vehicle Speed at Failure(s): _____
 Failed Part(s): Yes No
 NHTSA 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: —
 Estimated Property Damage: \$3,600.00
 Reported to Police: Yes No

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

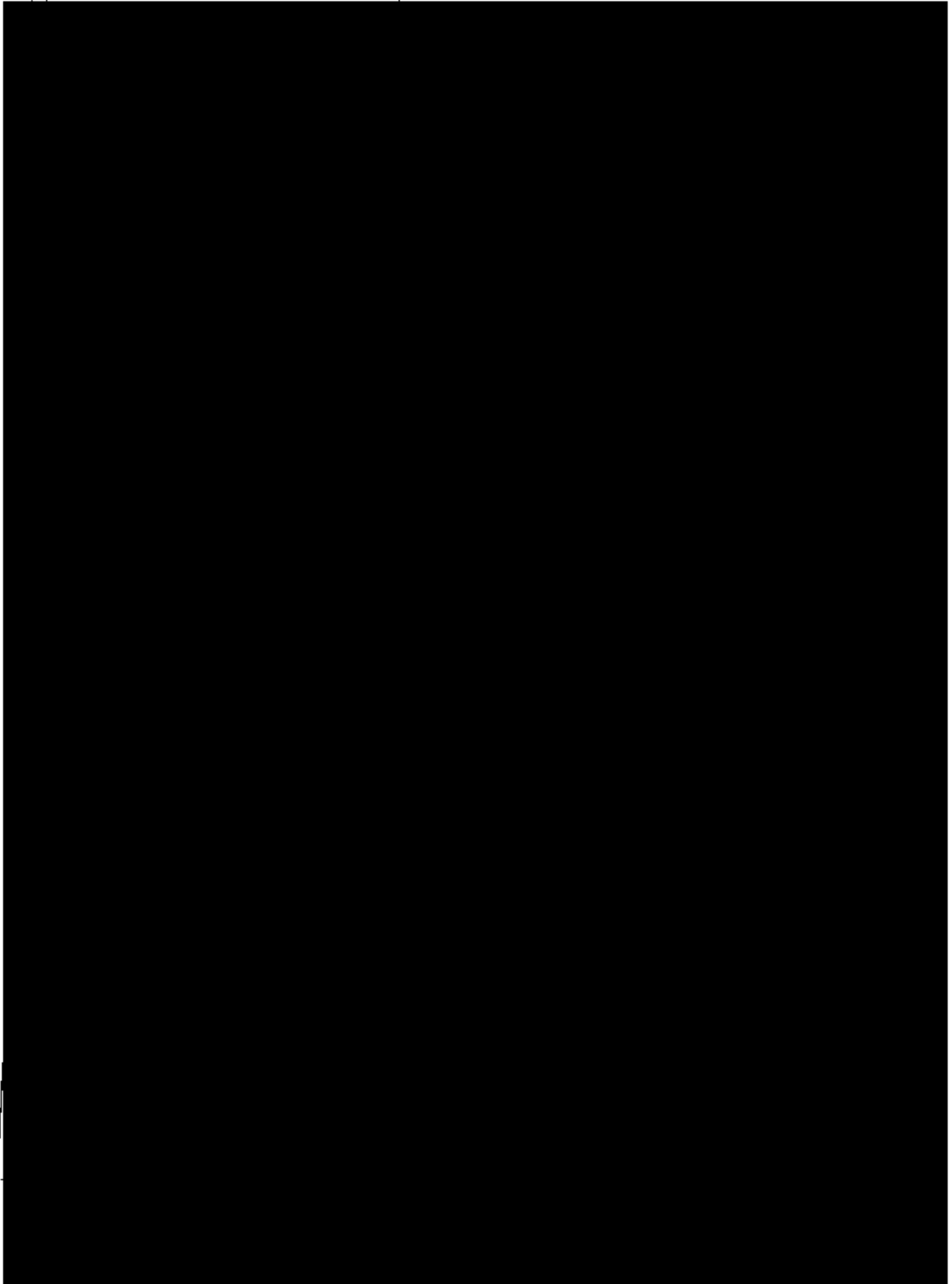
HEAD GASKETS BLEWOUT WHILE DRIVING. ALSO, VEHICLE STARTED SMOKING WITH COOLANT AND OIL COMING FROM UNDERNEATH VEHICLE. CONTACTED DEALER, AND HAD TO REPLACE ENGINE. *AK

No help from Ford customer service. Upset because Ford service told me that there has been a lot of problems with this engine. And that had I not had routine repair work (oil change, etc) this would have

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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)

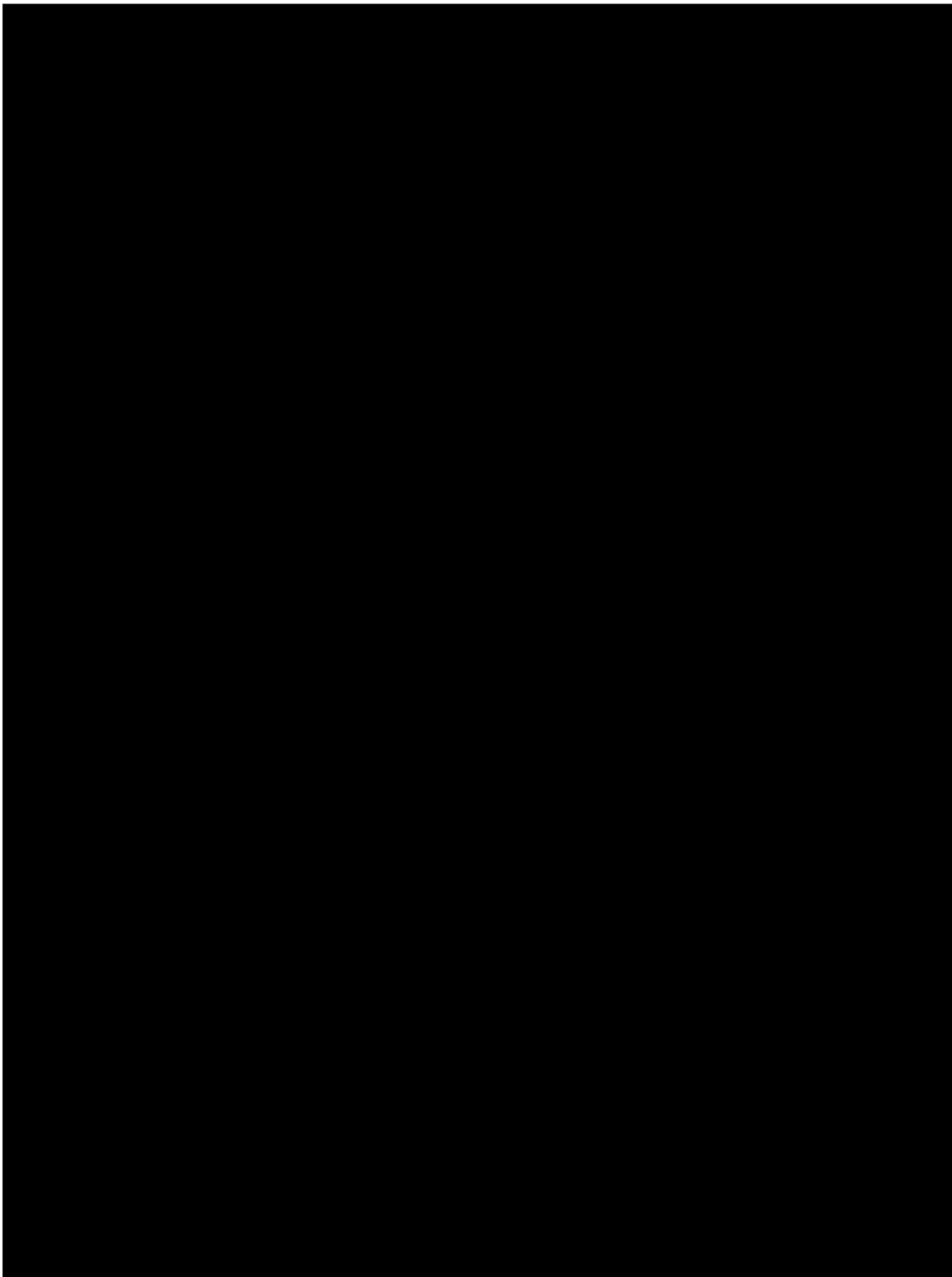
(Page 1 through Page 13)

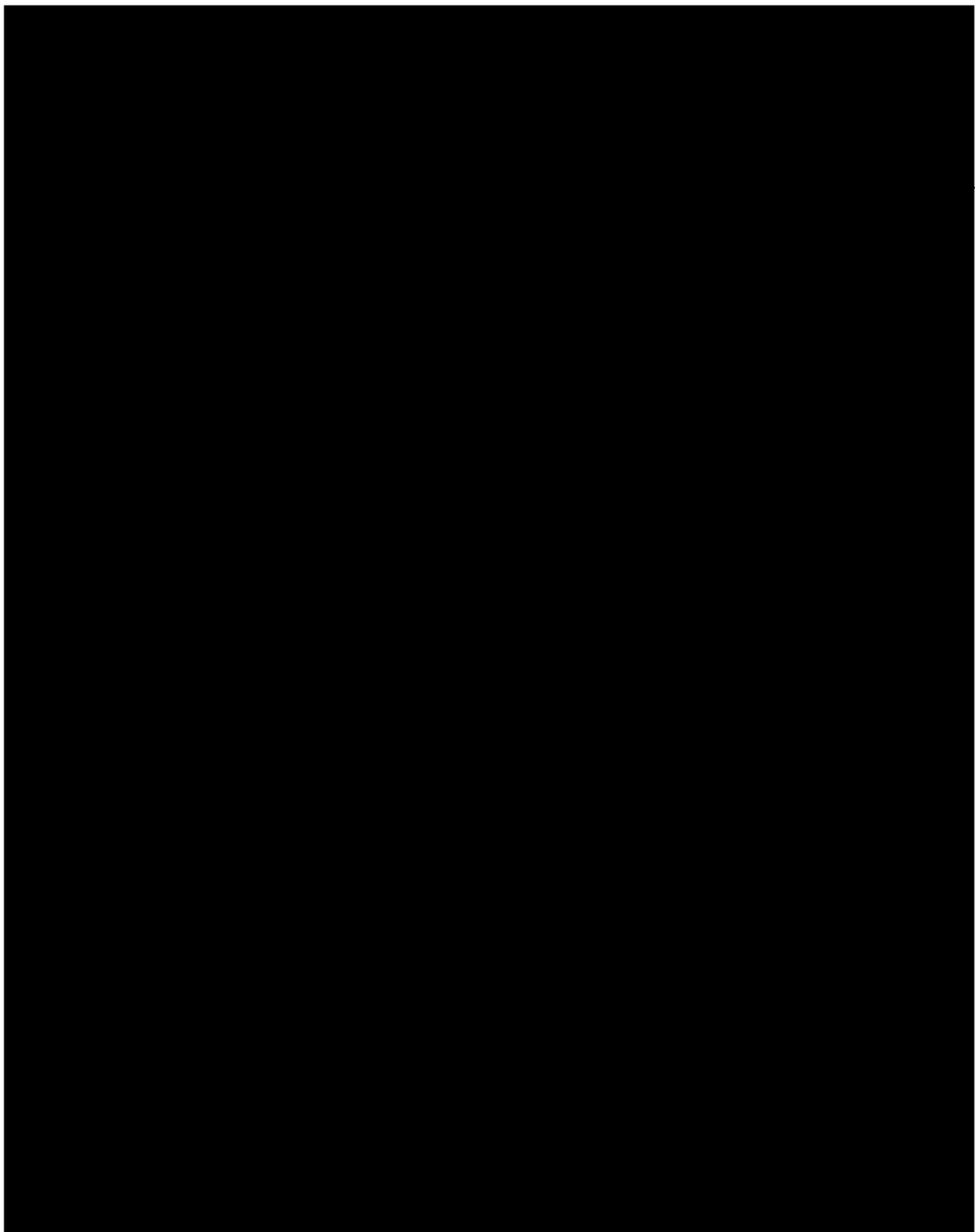


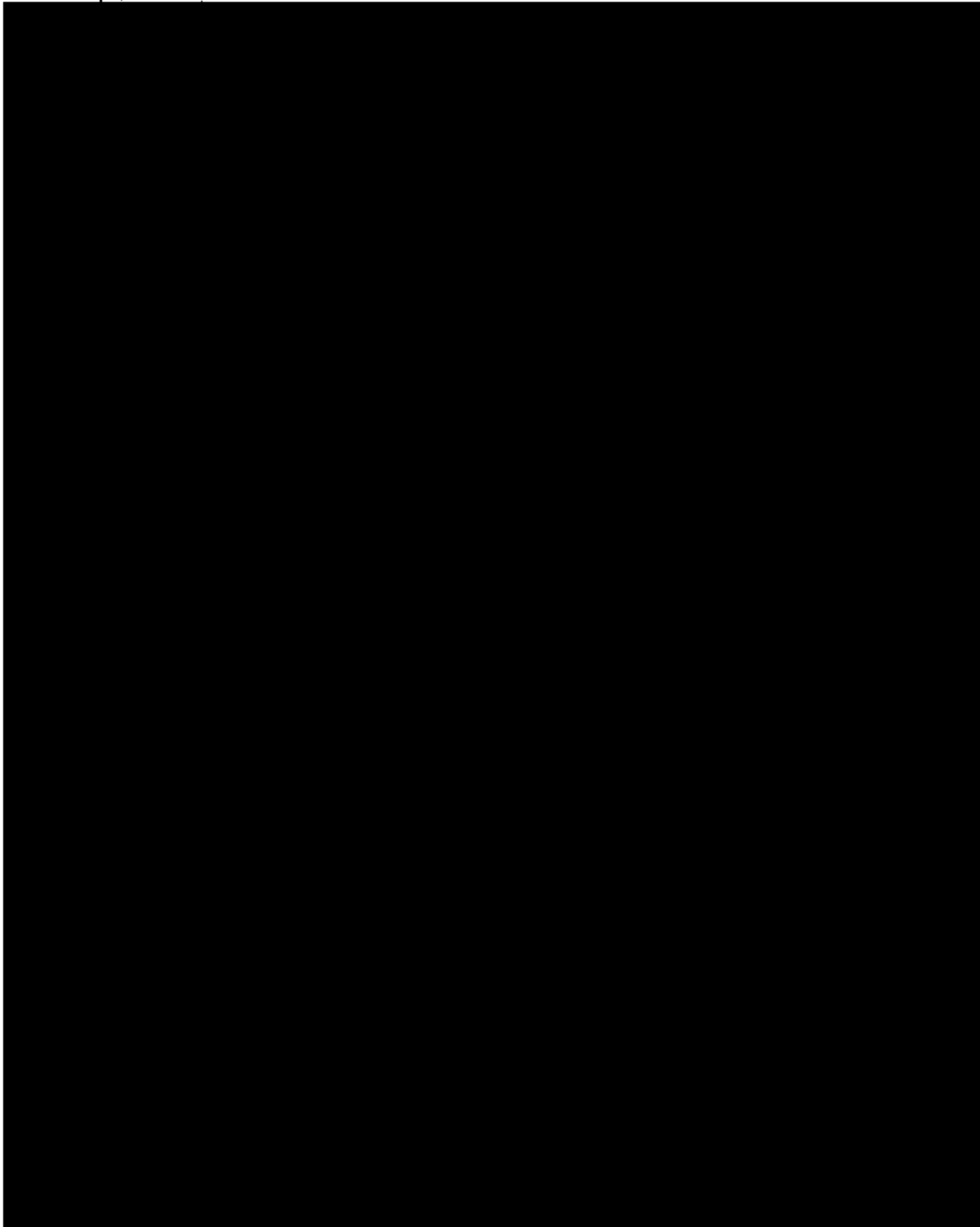
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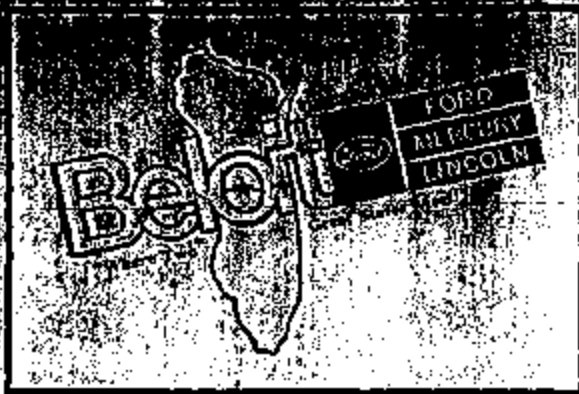
[REDACTED]







→ PG 1



BELOIT FORD-LINCOLN-MERCURY, Inc.

1777 Gardner Street
South Beloit, Illinois 61080

815/389-4500 815/389-4537

BELOIT FORD
MONDAY - FRIDAY 9:00 AM - 5:00 PM

THE DEALER'S EXPRESS WARRANTY INCLUDES ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND FURTHER ASSURES THAT THE DEALER HAS AUTHORIZED ANY OTHER PERSON TO ASSUME FOR IT ALL LIABILITY IN CONNECTION WITH THE SALE OF THEIR PARTS AND OR SERVICE. BUYER SHALL NOT BE ENTITLED TO REDRESS FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR REPAIRS OR ANY OTHER INCIDENTAL DAMAGES.

PLANS REVIEW	AUTHORIZATION TO SUBMIT CLAIM	PARTS SCRAP OUT
PARTS	LABOR	TOTAL
PROGRAM CODE	AUTHORIZATION NUMBER	COMMITMENT NUMBER

ON BEHALF OF SELLING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER, THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH AN ACCIDENT, NEGLIGENCE OR INSURE RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR 12 MONTHS FROM THE DATE OF PAYMENT NOTICED AT THE SELLING DEALER FOR INFORMATION BY REPRESENTATIVES OF FORD.

PERSON(S) DEALER, GENERAL MANAGER, OR AUTHORIZED PERSON (DATE)

WARRANTY INFORMATION

All new parts on the face side hereof are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or services furnished in this repair. The dealer is not party to any such manufacturer's warranty.

INVOICE TO

CARTER, BECKY
410 WAGNER DRIVE
CLINTON
CLINTON WI 53525
HOME: (815) 676-3663 WORK: (608) 676-2231

DRIVER/OWNER INFORMATION -- INVOICE: C59209

CARTER, BECKY
410 WAGNER DRIVE
CLINTON
CLINTON WI 53525
HOME: (815) 676-4663 WORK: (608) 676-2271

FOR OFFICE USE

TRUCK 3961 ADV: 229 INQUIRY INVOICE: PRELIM CUS C BI
INVOICED AT: 07/22/98 11:47:49
ODOMETER: 113114
DATES BEGIN: 07/21/98 DONE: 07/22/98

VEHICLE INFORMATION

VIN: 1FALP52458G225595 LICENSE NUM: WI APPLD
95 FORD TAURUS GL 4DR GUN
DATES IN SERVICE: 022695 PRODUCTION: 105793

CONCERN 51 SPEEDO BOUNCES
CORRECTION: CUSTOMER DOES NOT WANT WORK DONE
FACTORY TECH: 100 - HOUSE TECHNICIA

OPERATION	TECH	AMOUNT
NI	100	B .00

TYPE: C

SUBTOTAL
TOTAL CHARGE FOR CONCERN .00

CONCERN 52 CHECK ENG LIGHT COMES ON INTERMITTANTLY, COMES ON AFTER 10 MILES OR SO AT A STEADY SPEED. LIGHT DOES OFF WHEN KEY IS CYCLED
CORRECTION: SBOS DIAG. FOUND NEED FOR PFE SENSOR. REPLACED SENSOR AND RETESTED
COMMENT: OK

OPERATION	TECH	AMOUNT
N	114	104.40

PART NUMBER	QTY	SELL	AMOUNT
FMC# F1A7 9-3400 A	1	65.23	65.23

FACTORY TECH: 114 - CROSS, DARREN

SUBTOTAL
TOTAL CHARGE FOR CONCERN 169.63

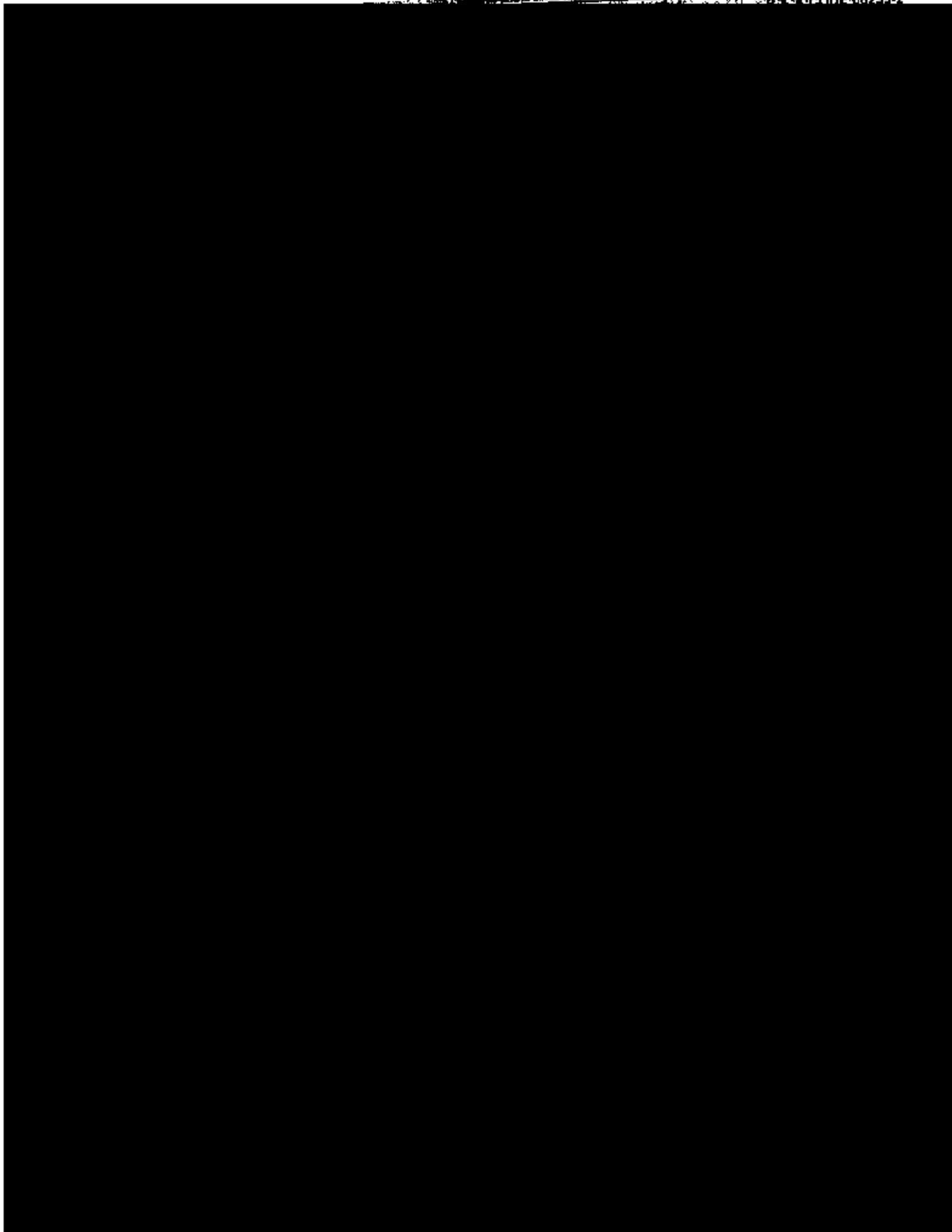
SUMMARY OF CHARGES FOR INVOICE C59209

PARTS	65.23
SERVICE MATERIAL	0.00
LABOR	104.40
SUB-TOTAL	174.63
IL SALES TAX	4.40
TOTAL CHARGE	179.25

BELOIT FORD
LINCOLN-MERCURY INC
THANK YOU

P A I D
JUL 22 1998
2672

CHECK #
Thank You!

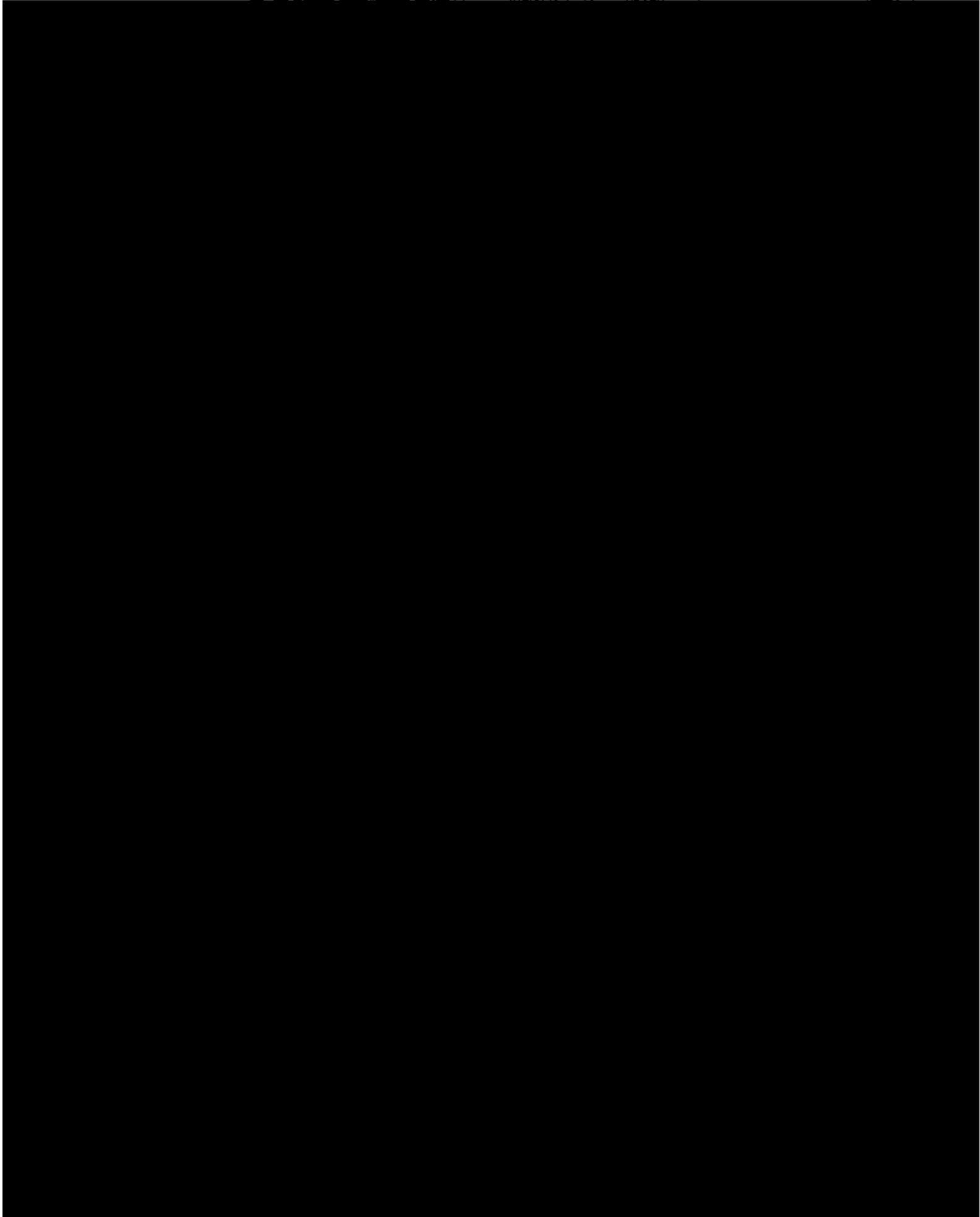


INSTRUMENT A CODE: 01

CUST. PAY

WAAR

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EXPERIMENTAL DATA

CONFIDENTIAL AND PROPRIETARY INFORMATION

