



U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 8/15/00	Order _____
Reference No.	Cost _____
	Unit _____
	Up-Int _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER _____

Do you own the vehicle? Yes No

Signature of Owner _____ DATE _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1FAFP5ZU0WS237399	VEHICLE MAKE FORD	VEHICLE MODEL TAURUS	MANUFACTURE DATE	MODEL YEAR 1998
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input checked="" type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other _____ <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW				
PURCHASE DATE 09/20/99	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME Budget Car and TRUCK RENTAL	CITY Appleton	STATE WI
ENGINE SIZE CID/CC/L	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NO. CYLINDERS	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt		CRUISE CONTROL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DRIVETRAIN <input checked="" type="checkbox"/> Front <input type="checkbox"/> 1 Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input type="checkbox"/> Spor. Utility <input type="checkbox"/> Motorcycle		DOORS <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon

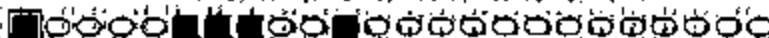
FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lghs & Aarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	INCIDENT DATE March 1999 ~ 14,000 mi June 2000 ~ 44,000 mi	TIRE NAME	COMPLETE TIRE SIZE	
	MILEAGE AT INCIDENT NO INCIDENT (major shaking only)	TIRE BRAND		
	VEHICLE SPEED AT INCIDENT NO INCIDENT (major shaking only)	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____		
FAILED PART(S) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement 5 I bought the car at 14,000 mi + 2 tires failed right away	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

APPLICABLE 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	NUMBER OF PERSONS INJURED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		

PLEASE DO NOT WRITE IN THIS AREA



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S000007 D8/17/00

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

Brake Problems

Potatoes were warped at 14,000 mi - got them fixed. Potatoes were

warped again at 46,000 mi even though all 4 brake pads were fine. ~~AT would share address by~~

This constant replacing of Potatoes is excessive. Many other Ford Taurus owners are having the same problems with their Potatoes at low miles.

I need some information as to why Ford Taurus Potatoes are constantly warped. Please send me some information so I can get to the bottom of this.

Continue on additional page(s) Describe any additional information

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 of Federal safety standards, your response, or a statistical summary thereof, may be used in support of the agency's action.

Marked by NHTSA Form 350 (Rev. 8/00) HS Form 350 (Rev. 8/00)

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL
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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Office of Business
Penalty for Private Use \$300



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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