



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

Repository

12-JUN-2003

Reference No.
10022923

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PRINCETON State: NC Zip Code: [Redacted]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date: 6/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **1FTHW26F2[Redacted]**
Make: FORD Model: F250 Model Year: 1997
Date Purchased: 11-21-97 Dealer's Name and Telephone Number: Seelye Ford Mercury of Allegan (616) 673-5591
Original Owner: Dealer's City: Allegan State: MI Zip Code: 49001
Transmission Type: Auto matic Antilock Brakes Powertrain: Cruise Control
Vehicle Component Code: 010000 STEERING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-JUN-2003
Failure Mileage: _____ Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

sh Yes No Fire Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; (4) parts repaired or replaced (and if old part is available).

NOTE: A RECALL 03-V-196-000 ON CERTAIN PICKUP TRUCKS AND SPORT UTILITY VEHICLES, IF THE INTERMEDIATE SHAFT YOKE SEPARATES FROM THE STEERING GEAR INPUT SHAFT, THE STEERING SYSTEM BECOMES DISCONNECTED. THIS VEHICLE HAS THE SAME PROBLEM. HOWEVER, IT IS NOT COVERED UNDER RECALL DUE TO THE VIN. *AK

Include a copy of the Privacy Act statement. You should take up or a statement

Available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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's appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, if necessary thereof, may be used in support of the agency's action.