



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 231

Date Received

2004 JAN 15 AM 8:45

26-SEP-2003

Repository ☐

Reference No.

100-0763

OWNER INFORMATION (Type or Print)

Name

Address

City

RIVERSIDE

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide information to the manufacturer of your vehicle?
In the absence of an authorized signature, please print the name and address of the vehicle manufacturer.

Signature of Owner

Date 10/18/03

☒ YES ☐ NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)

Make

FORD

Model

ECONOLINE

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

FRTZ FORD 909-687-2121

Engine

No. Cylinders

Fuel Type:

UNLEADED

Original Owner ☐

Dealer's City

RIVERSIDE

State

CA

Zip Code

92505

V-10

Transmission Type

☒ Automatic

☒ Antilock Brakes

Powertrain

☒ Cruise Control

Vehicle Component Code

020000 SUSPENSION

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

2/18/02

Failure Mileage

Failure Speed

50

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM18ABC036)

☐ 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(es).)

Crash ☒ Yes ☐ No

Fire ☐ Yes ☒ No

Number of Persons Injured

06

Number of Deaths

0

Reported to Police

YES

Narrative Description of Incident(s), Crash(es), and Injury(es).

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

CONSUMER NOTICED WHILE MAKING A LEFT OR RIGHT TURN AT 50 MPH THAT VEHICLE WOULD FISH TAIL. DEALER HAD BEEN CONTACTED.

*AK

*ALSO NOTIFIED TO FORD MOTOR COMPANY - THEY ARE NOT WILLING TO DO ANYTHING. I HAVE 4 1/2 weeks of work on it. I paid overhead charges to company.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.