



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 100148

Date Received

01-FEB-2006

Repository ☐

Reference No.

10149187

OWNER INFORMATION (Type or Print)

Name

Address

City

EL PASO

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to contact the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner Date 2/9/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAPP24145G

Make

FORD

Model

FIVE HUNDRED

Model Year

2005

Date Purchased

01-APR-05

Dealer's Name and Telephone Number

BORMANN AUTOPLEX

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

LAS CRUZA CALIFORNIA

State

NM

Zip Code

Transmission Type

☒

Antilock Brakes

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

010000 STEERING

Multiple Failure: 1

AUTOMATIC

☒

Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-NOV-2005

Failure Mileage

6000

Failure Speed

30

RIGHT FRONT END STEERING
SYSTEM SAME IN

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).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

NONE

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

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).

DT*: THE CONTACT STATED AT 30 MPH, THE STEERING WHEEL WAS PULLED TO THE LEFT TO AVOID A CURB AND THE PASSENGER SIDE STEERING FAILED. AT THE TIME OF THE INCIDENT THE CONTACT WAS NOT IN THE VEHICLE. THE VEHICLE WAS TOWED TO THE DEALERSHIP, WHERE IT WAS DETERMINED THE VEHICLE HAD BEEN IN AN ACCIDENT. THE KNUCKLE, PISTON, AND SPRING WERE REPLACED.

TIRE AND RIM!

ALUS

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 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**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Consumer:

NVS-216 aaj

As a result of your recent report to the Vehicle Safety Hotline, we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the driver's door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the out side. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

If further assistance is needed, please contact Mr. Michael J. Jordan, Safety Defects Program Assistant, Correspondence Research Division, Office of Defects Investigation, at (202) 493-0576.

Thank you for your cooperation.

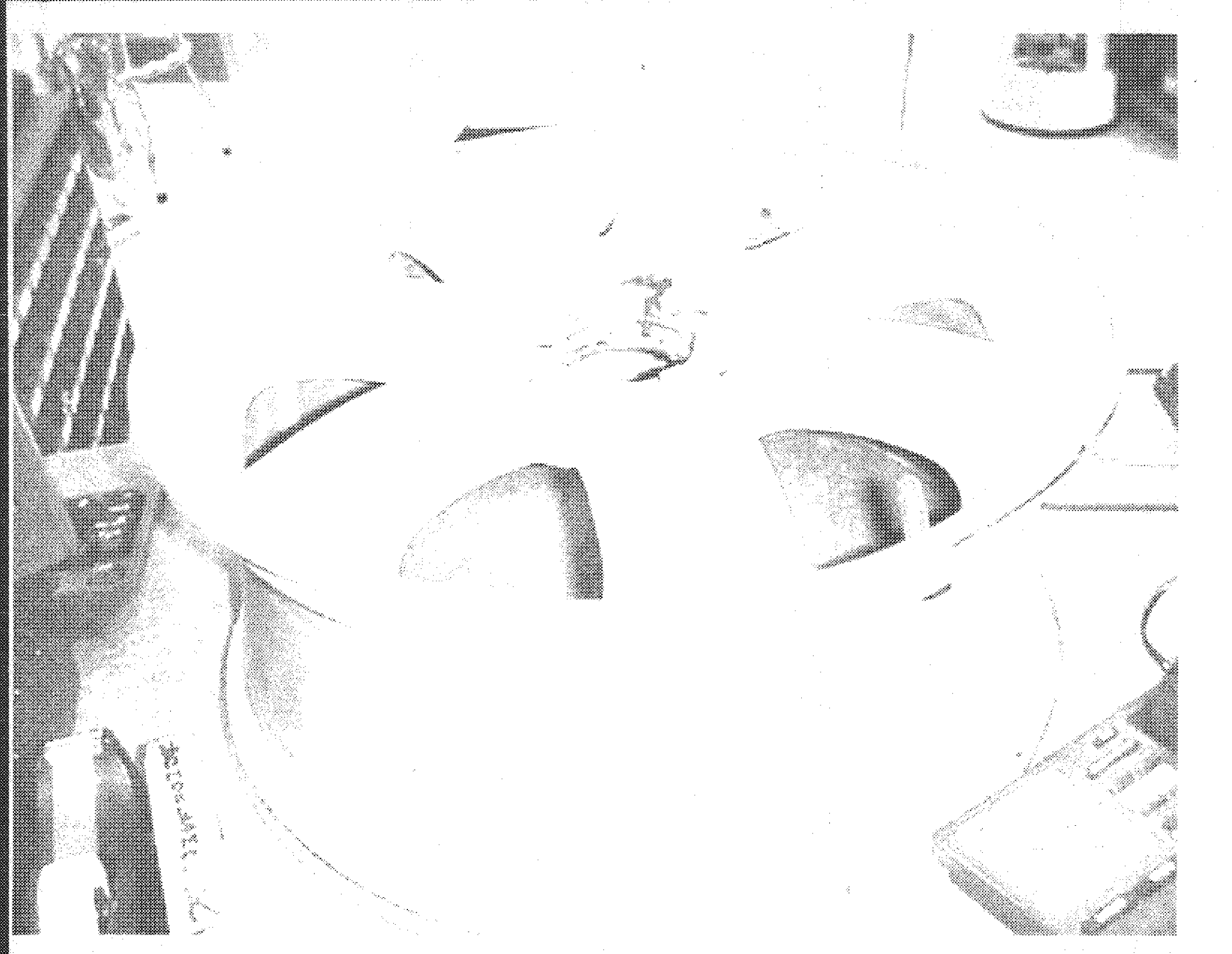
Sincerely,

Alberto A. Jimenez, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ



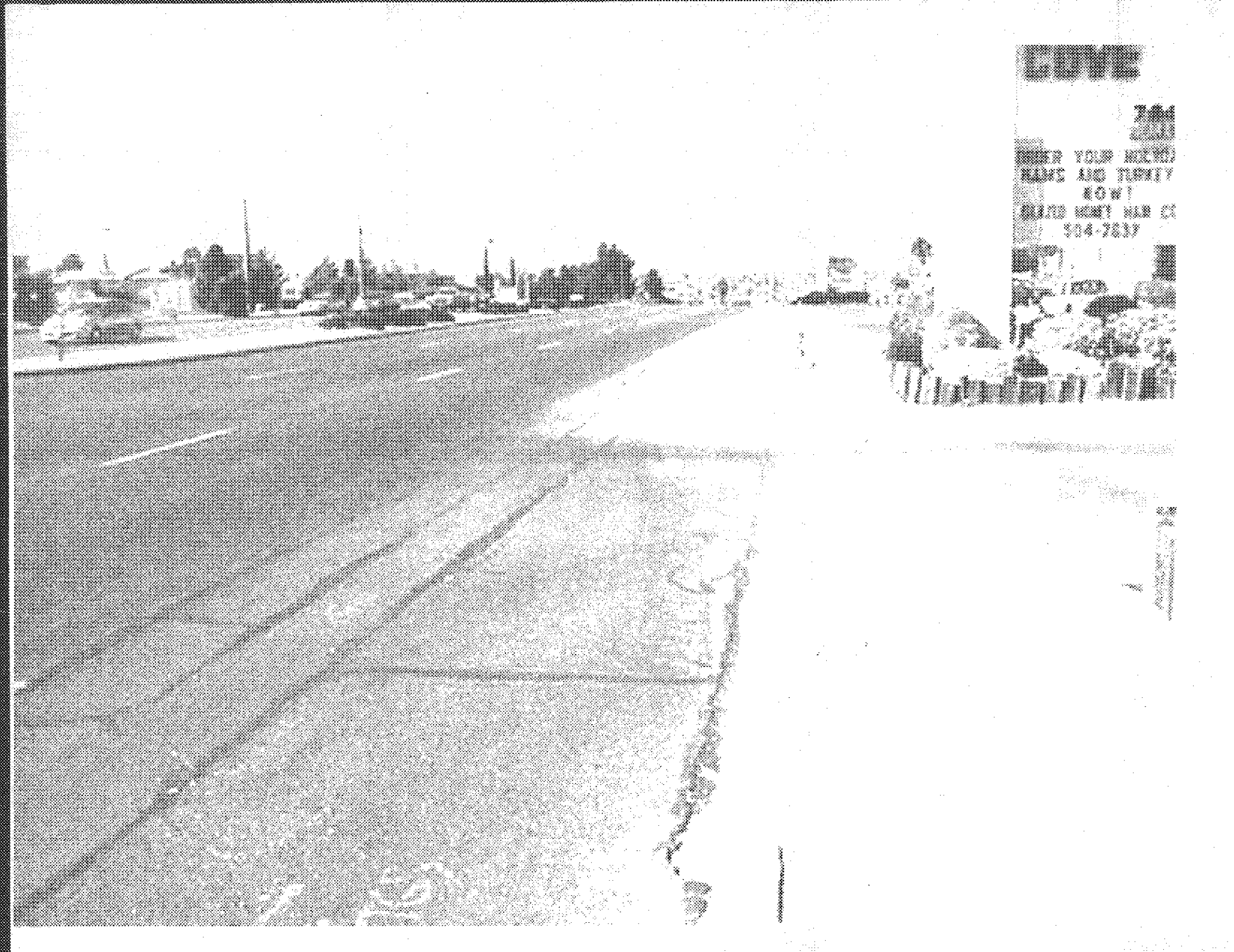
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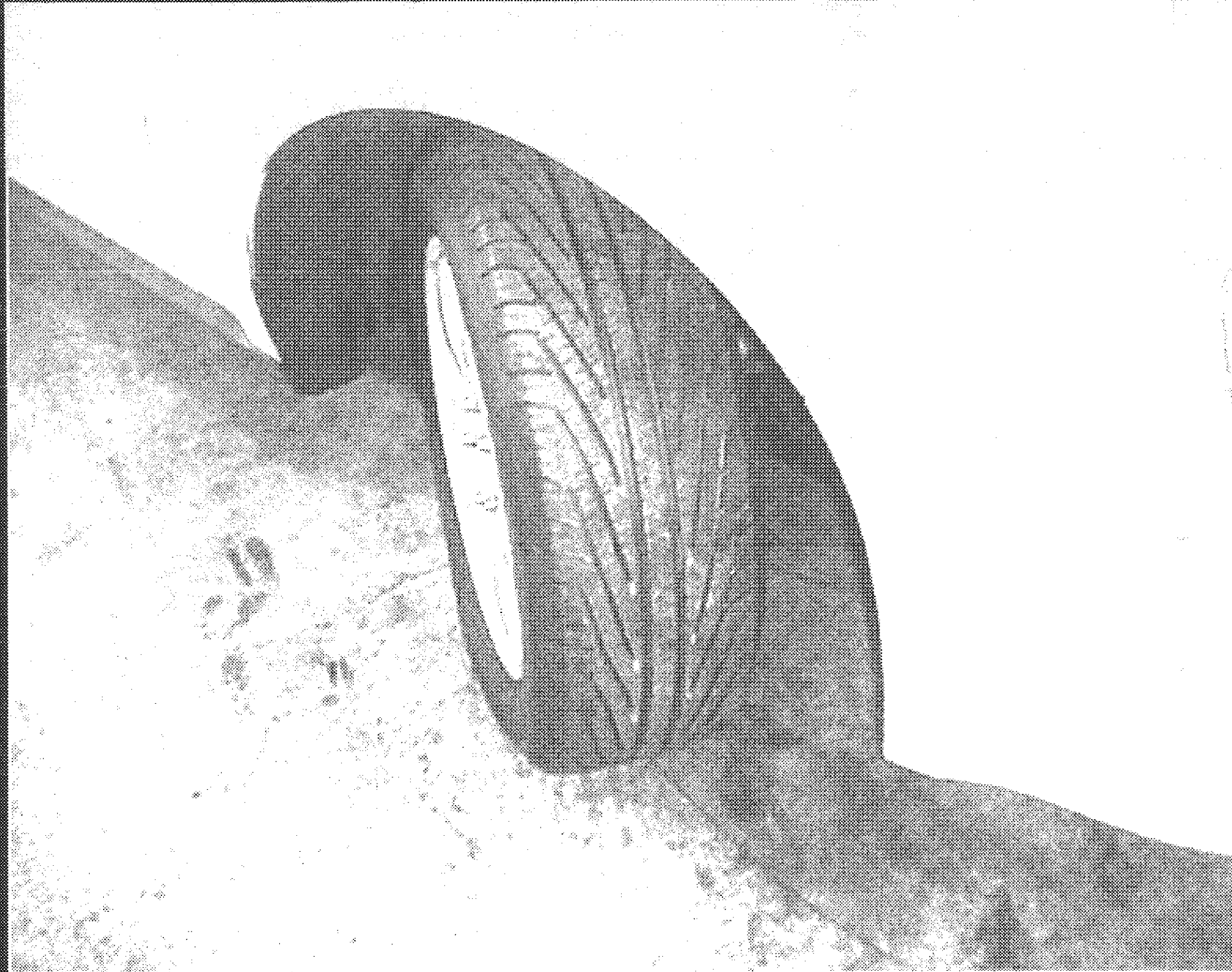


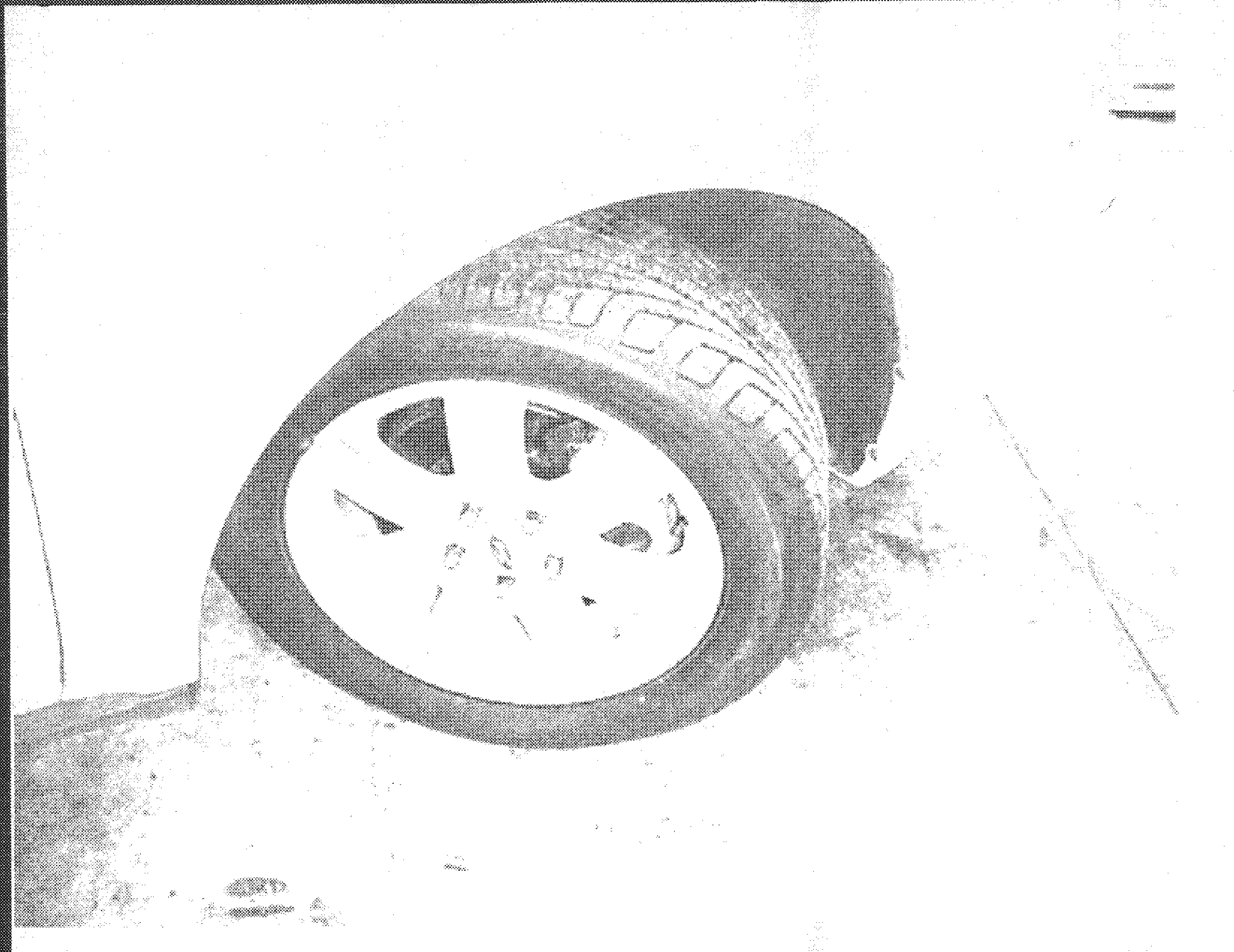
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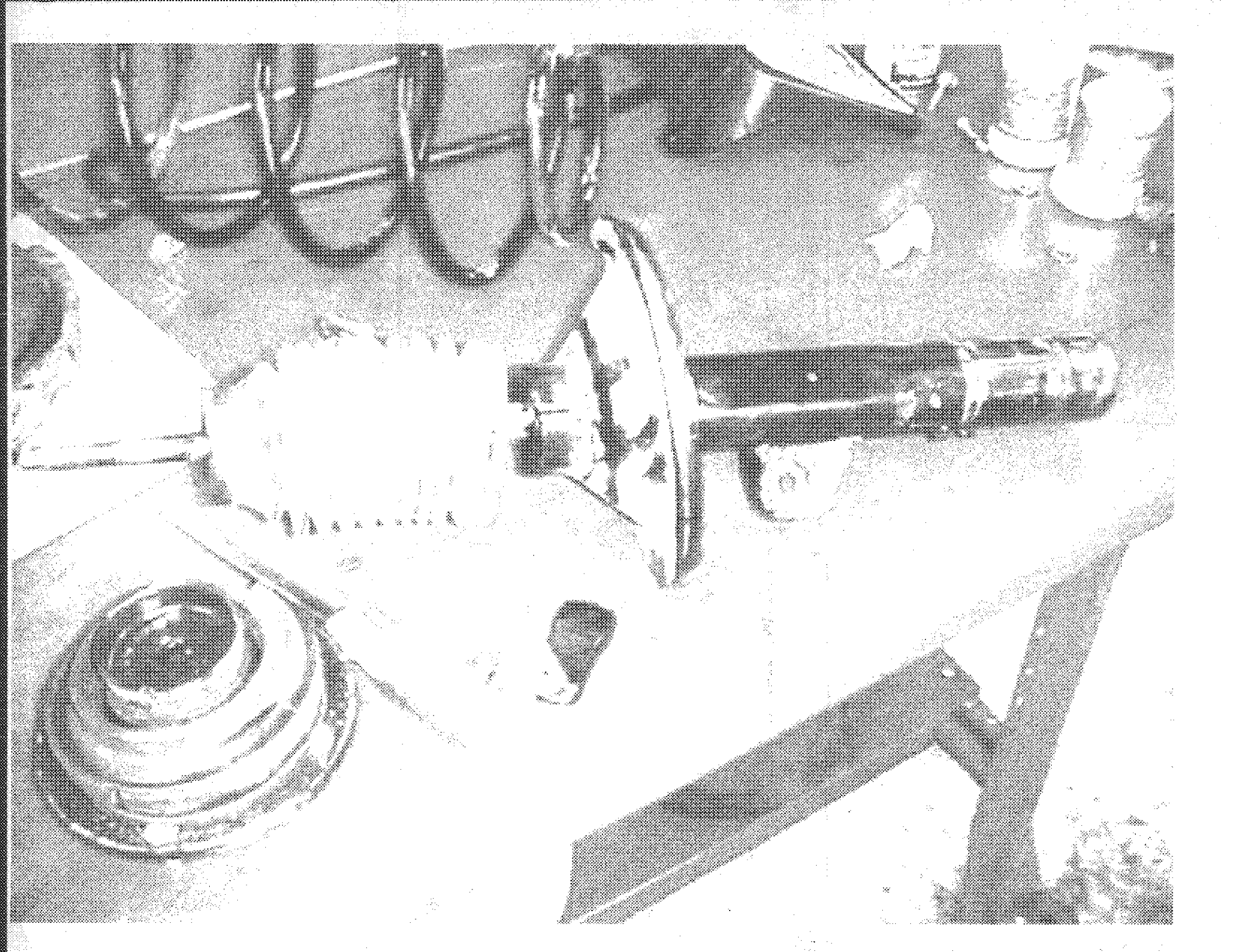
784

ENTER YOUR RECORD
NAME AND TURKEY
NOW!
CLIVE HUNT WAR CO
504-7637









THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).