Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
888-327-4236
www.safercar.gov

FOR AGENCY USE ONLY	
Date Received: 08-15-06	Repository ☐
Reference No.: 10165830	

OWNER INFORMATION (Type or Print)

Name [redacted] Daytim[redacted]

Street No. [redacted] Apt. No. Evening Telephone Number

City Roslyn State N.Y. Zip [redacted] E-mail [redacted]

Do you authorize NHTS[redacted]ufacturer of your vehicle? ☒ YES ☐ NO
In the absence of authoriza[redacted]e vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your [redacted]

Signature of Owner [redacted] - SAFETY DIRECTOR Date 8/2/06

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side	Make	Model	Year	Current Mileage
1FDWE35P15H[redacted]	FORD	E-350	05	

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
6/05	NESCO BUS & TRUCK SALES	631.2423200		☒ Diesel ☐ Hybrid
☒ Original Owner	Dealer's City: BAYSHORE	State NY Zip Code	No. Cylinders 8	☐ Gas ☐ Other

Transmission Type		Powertrain	
☐ Manual	☒ Antilock Brakes	☐ All-Wheel Drive	☒ Rear-Wheel Drive
☒ Automatic	☐ Cruise Control	☐ Front-Wheel Drive	☐ Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
ALTERNATOR A/C Compressor (2)	8/06		0	☐ Driver ☐ Passenger ☒ Front ☐ Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R1105)

Failed Structure	DOT No. (Example: DOT MAL9ABC036 on sidewall)	
☐ Tread ☐ Sidewall ☐ Bead		☐ Original Equipment ☐ Prior Repair

Failure Type: ☐ Blowout ☐ Blister ☐ Crack ☐ Torn ☐ Tread Separation ☐ Road Hazard ☐ Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make	Date Manufactured	Model Number and Name

Seat Type: ☐ Infant ☐ Booster ☐ Integrated ☐ Convertible ☐ Other

Failed Part. Describe Failure Below: ☐ Base ☐ Harness/Buckle ☐ LATCH Connecter ☐ Shell ☐ Handle ☐ Other

Installed in Vehicle using the: ☐ Vehicle safety belt ☐ LATCH system* **Vehicle info required*

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Police Report No.
☐ Yes ☐ No	☐ Yes ☐ No			

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

1. ALTENATOR
2-A/C COMPRESSORS - Replaced Twice
ENGINE - REBUILD 1/06
ENGINE LIGHT ON

Continue on back.

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