



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

COPIED

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

REPORT VEHICLE SAFETY DEFECTS

1-888-DASH-2-DOT
(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

RECEIVED

00 SEP 21 AM 8:54

Officer

Reference No.

OFFICE DEFECTS INVESTI

554905

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

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

[Redacted Signature]

Date 9/11/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on drivers side)				Make	Model	Year													
1	F	T	F	X	2	8	L	2	V	N	B	4	0	5	9	3	Ford	F-250	97
Purchased Date		Dealer's Name				Engine Size (CID/CC/L)		<input type="checkbox"/> Turbo		<input type="checkbox"/> Diesel		<input type="checkbox"/> Gas		<input checked="" type="checkbox"/> Fuel Injection					
10-10-99		Dave Ford				5.4													
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's City		State		Zip Code													
8-96		Keene NH		NH		03446													
Manufacture Date (on driver's door or pillar)		Transmission Type		Restraint System		Cruise Control		Drivetrain		Vehicle Type		Body Style							
8-96		<input checked="" type="checkbox"/> Automatic		<input checked="" type="checkbox"/> Over/ride Air Bag <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 3-Point Belt		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-wheel		<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> 2-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other							

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
Tire Rod End	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)
	Vehicle Speed at Failure(s):	Failed Part(s) Available?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Driving down the Road and the ball seperated from the cup and I lost control of ~~the~~ the truck it only had 54300 miles on it this part should of lasted way over 100,000 miles

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.