

 US Department of Transportation National Highway Traffic Safety Administration		AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONWIDE 1-800-424-9883 DC METRO AREA 202-386-0123		FOR AGENCY USE ONLY	
OWNER INFORMATION (TYPE OR PRINT)		DATE RECEIVED		od. or rt. dr st. n	
NAME		RECEIVED		REFERENCE NO.	
[REDACTED]		FEB 26 1997		QC'd	
[REDACTED]		OFFICE		CODE	
[REDACTED]		VEHICLE'S INVESTIGATION		[REDACTED]	
[REDACTED]		559835		w	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>					
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
SIGNATURE OF OWNER				DATE	
VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NO. 1FDKE1051VHA58758		VEHICLE MAKE FORD	VEHICLE MODEL E-450	MODEL YEAR 1997	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE					
CURRENT ODOMETER READING		DATE PURCHASED	DEALER'S NAME, CITY & STATE		ENGINE SIZE (CID/CCA)
[REDACTED]		[REDACTED]	[REDACTED]		NO. CYLINDERS/
[REDACTED]		[REDACTED]	[REDACTED]		TURBO DIESEL GAS FUEL INJECTN
TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM		CRUISE CONTROL	DRIVETRAIN
<input type="checkbox"/> MANUAL	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> FRONT
<input checked="" type="checkbox"/> AUTOMATIC	<input type="checkbox"/> NO	<input type="checkbox"/> PASSENGERSIDE AIRBAG		<input type="checkbox"/> NO	<input type="checkbox"/> REAR
		<input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT			<input type="checkbox"/> 4-WHEEL
					BODY STYLE
					STAWAG _____ HATCH BK _____
					4 DR _____ VAN _____
					2 DR _____ PK UP TRK _____
					OTHER _____
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)					
COMPONENT STRUCTURE (131000000)	PART NAME(S) FRAME/CROSSMEMBER		LOCATION <input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR		FAILED PART(S) <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES (DB)	DATE(S) OF FAILURE(S) 2/6/97		MANUFACTURER CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		NHTSA PREVIOUSLY CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	MILEAGE AT FAILURE(S) 102585				
	VEHICLE SPEED AT FAILURE(S)				
APPLICABLE ACCIDENT INFORMATION					
ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FIRE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)					
FRONT CROSSMEMBER CRACKING AT MAIN FRAME. FORD HAS ISSUED A SERVICE BULLETIN #991411 TO ADDRESS THIS CONDITION. REWELDING OR CROSSMEMBER HAS NOT CORRECTED PROBLEM; STILL CRACKING. REPAIR w/support ADDED.					
CONTINUE ON BACK IF NEEDED					
The Privacy Act of 1974 Public Law 93-579			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.		
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					