

 US Department of Transportation National Highway Traffic Safety Administration		AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		FOR AGENCY USE ONLY DATE RECEIVED RECEIVED POSTED 01 FEB 26 AM 11:11 DEFECT INVESTIGATION 559839 DA [REDACTED]		od. or r. dt od. n as. by REFERENCE NO. QC	
OWNER INFORMATION (TYPE OR PRINT)							
NAME AND ADDRESS [REDACTED]							
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. 1F0K51057YHA58750			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/CYL) NO. CYLINDERS <input type="checkbox"/> TURBO DIESEL GAS FUEL INJECTN	
		<input type="checkbox"/> NEW <input type="checkbox"/> USED					
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC		ANTILOCK BRAKES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		RESTRAINT SYSTEM <input type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input type="checkbox"/> PASSENGERSIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT		CRUISE CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
						DRIVETRAIN <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <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 (13100000)		PART NAME(S) FRONT CROSS MEMBER		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) 3/13/77		MANUFACTURER CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NHTSA PREVIOUSLY CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		MILEAGE AT FAILURE(S) 190,610					
		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 EST\$ _____		POLICE REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)							
<p>FRONT CROSS MEMBER CRACKING AT MAIN FRAME. FORD HAS ISSUED A SERVICE BULLETIN #991411 TO ADDRESS THIS CONDITION.</p> <p>OUT OF SERVICE: FORD DEALER WONT REPAIR</p>							
						CONTINUE ON BACK IF NEEDED	
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.			