

 US Department of Transportation National Highway Traffic Safety Administration		AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0122		FOR AGENCY USE ONLY DATE RECEIVED RECEIVED 21 FEB 26 AM 11:11 OFFICE FEDERAL BUREAU OF INVESTIGATION 559840 DA [REDACTED] CODE [REDACTED]		
OWNER INFORMATION (TYPE OR PRINT)				TITLE OF REPORT REFERENCE NO.		
NAME [REDACTED]				CODE [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.* 1FDRK9056YHA52755		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/CCL)	
[REDACTED]		[REDACTED]	[REDACTED]		<input type="checkbox"/> TURBO DIESEL <input checked="" type="checkbox"/> 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"/> PASSENGERSIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> MOTORBELT <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 4 DR. _____ 2 DR. _____ MATCH BK _____ VAN _____ 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 (03)	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) 73672					
	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 CROSSMEMBER CRACKING AT MAIN FRAME. FORD HAS ISSUED A SERVICE BULLETIN #991411 TO ADDRESS THIS CONDITION. REWELDING OF CROSSMEMBER HAS NOT CORRECTED PROBLEM; STILL CRACKING. RESOLVE W/SUPPORT ADDED.</p>						
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						