Form Approved: OMB No. 2127-0042

U.S. 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
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 117

Date Received: 11-DEC-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8000567

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FMZU63E922A68734	FORD TRUCK	EXPLORER	2002	

Purchase Dat			
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
01100000 01150000 02660000	STEERING:WHEEL AND COLUMN STEERING:COLUMN SHAFT UPPER WHEELS:HUB	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	21-SEP-2001	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s) 1373		
	Vehicle Speed at Failure(s) _____		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DRIVING VEHICLE WOULD HEAR POPPING NOISES COMING FROM LEFT FRONT END. TOOK TO DEALER, AND MECHANIC CHECKED AND REPAIRED STEERING COLUMN SHAFT. PROBLEM NOT RESOLVED. TOOK BACK TO DEALER , AND STEERING COLUMN ASSEMBLY WAS REPLACED. HOWEVER, PROBLEM WAS NOT RESOLVED. TOOK VEHICLE BACK AGAIN, AND LEFT FRONT WHEEL HUB ASSEMBLY WAS REPLACED. NOTHING SOLVED THE PROBLEM. MECHANIC COULD NOT RESOLVE IT. MANUFACTURER IS WORKING ON SOLUTION.*AK

CONTINUE ON BACK IF NEEDED

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

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 117

Date Received: 11-DEC-2001

Od_or
rt_dt
od_rt
up_llr

Reference No. 8000567

OWNER INFORMATION (Type or Print)

[redacted] 729770

Work Number

Home No. [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Own[redacted] Date 12/27/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1FMZU63E922A68734	FORD TRUCK	EXPLORER	2002	3,964

Purchase Date: 06-19-01 ☒ New ☐ Used

Dealer's Name: VOSKAMP MOTORS

City: HALLETTSVILLE State: TEXAS Zip Code: 77964

Engine Siz (CID/CC/L: 4.0L No Cylinders: 6

☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trac	Vehicle Type	Body Style
☐ Manua ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☒ Driverside Airbag ☒ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ M inivan ☐ Other ☒ Sport Uti ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
01100000 01150000 02660000	STEERING:WHEEL AND COLUMN STEERING:CO UMN SHAFT UPPER WHEELS:HUB	☒ eft ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacemen

No of Failures: 3

Date(s) of Failure(s): 21-SEP-2001
Mileage at Failure(s): 1373
Vehicle Speed at Failure(s):

Failed Part(s): ☒ Yes ☐ No

NHTSA Previously: ☐ Yes ☒ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(s) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	I timated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	-0-	-0-	-0-	☐ Yes ☒ No

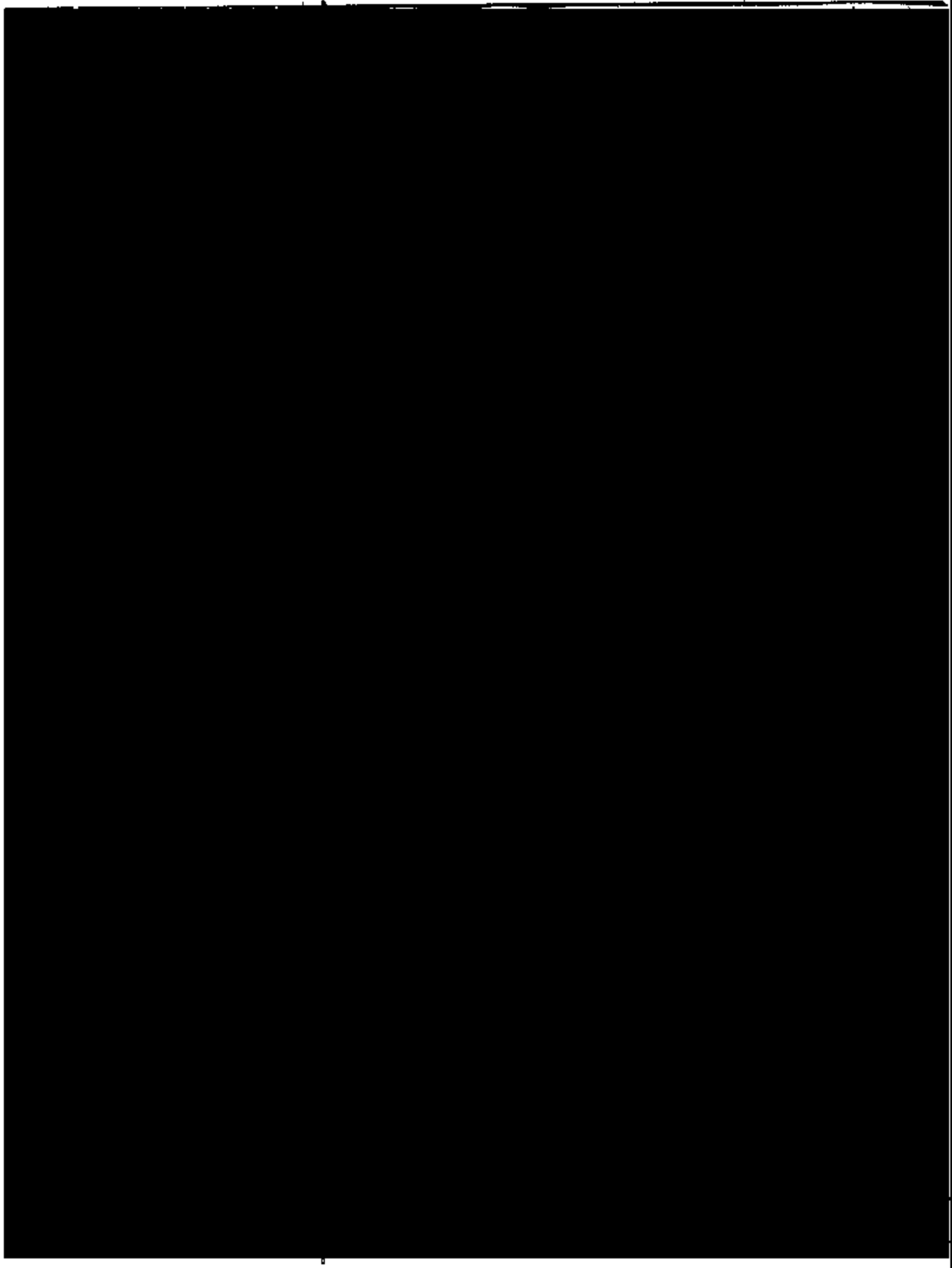
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

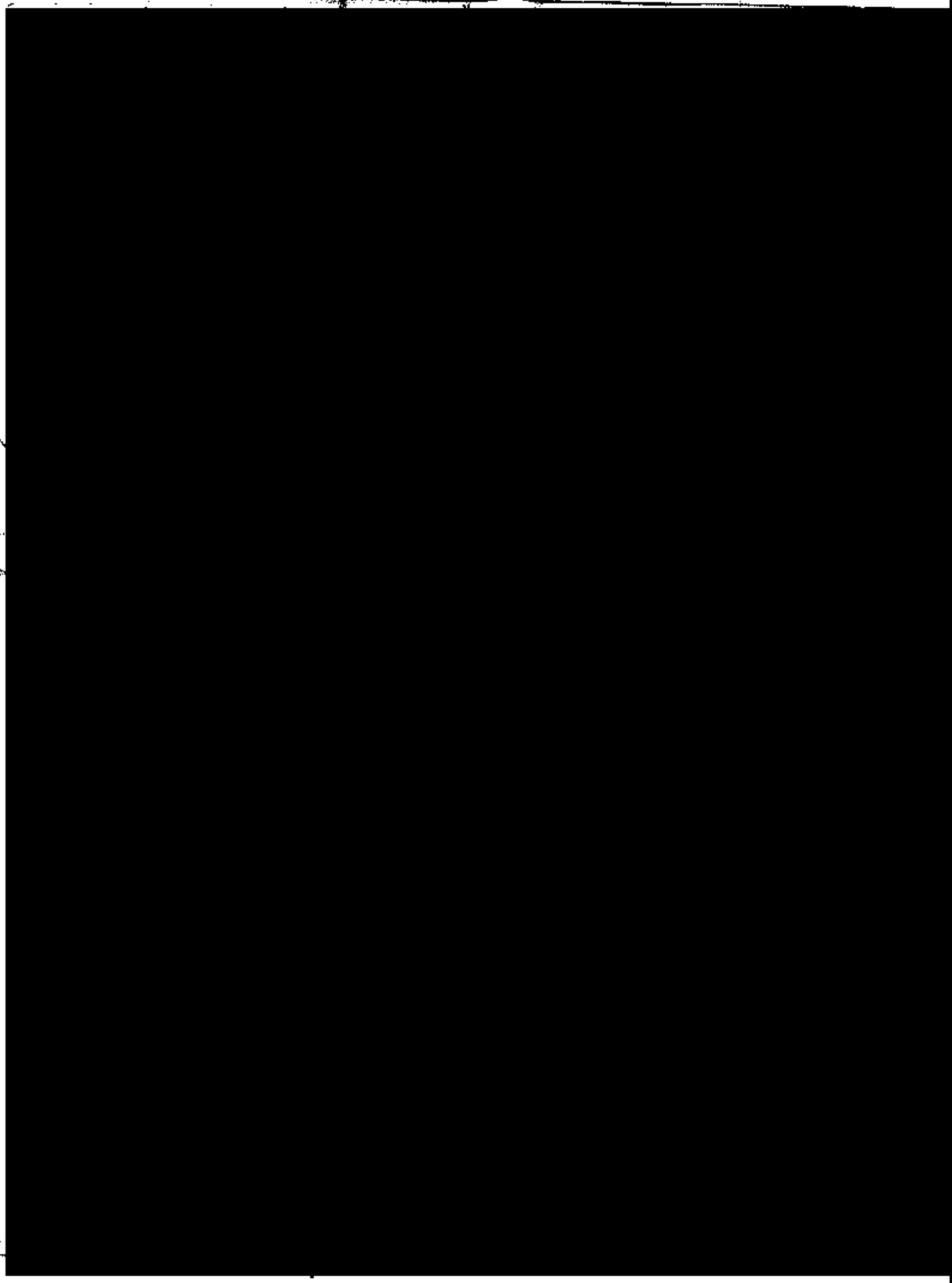
WHEN DRIVING VEHICLE WOULD HEAR POPPING NOISES COMING FROM LEFT FRONT END. TOOK TO DEALER, AND MECHANIC CHECKED AND REPAIRED STEERING COLUMN SHAFT. PROBLEM NOT RESOLVED. TOOK BACK TO DEALER , AND STEERING COLUMN ASSEMBLY WAS REPLACED. HOWEVER, PROBLEM WAS NOT RESOLVED. TOOK VEHICLE BACK AGAIN, AND LEFT FRONT WHEEL HUB ASSEMBLY WAS REPLACED. NOTHING SOLVED THE PROBLEM. MECHANIC COULD NOT RESOLVE IT. MANUFACTURER IS WORKING ON SOLUTION.*AK

CONTINUE ON BACK IF NEEDED

THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 3)





Form Approved: OMB No. 2127-0042

U.S. 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
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 254

Date Received: 12-SEP-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8000567

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1C4GP64L5TBXXXXXX	CHRYSLER TRUC	TOWN AND COUN	1996	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L 6 CYL No Cylinders _____	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
05100000	ENGINE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
1	30-AUG-2000 Mileage at Failure(s _____ Vehicle Speed at Failure(s) _____	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☒ Yes ☐ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE PULLING INTO A PARKING SPACE THE DRIVER NOTICED SMOKE COMING FROM THE FRONT OF THE VEHICLE, HE LOOKED UNDER THE HOOD AND NOTICED UNDER THE HOOD, CLAIM # 13-7055-925. NLM

CONTINUED ON REVERSE

NUMBER

8000567

CHANGED

TO

6900711