Form Approved: O.M.B. No. 2127-0039

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 258

Date Received: 14-JAN-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 717328

[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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	LINCOLN TRUCK	NAVIGATOR	1998	

Purchase Date: 01-OCT-1999
☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L 5.4LIT
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
02000000	SUSPENSION	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	31-DEC-1999	40000	60	☐ 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☒ No	3	0		☒ Yes ☐ No

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

WE FIVE WERE DRIVING TO PENDLETON, OREGON FOR A NEW YEARS CELEBRATION WE WERE ALL STRAIGHT AND SOBER. THE CAR SUDDENLY SWUNG TO THE LEFT DRIVER CORRECTED TO THE RIGHT. HAPPENED AGAIN, HARDER. RAINY AND COLD AND DARK OUT. DRIVER CORRECTED BUT THE CAR SWUNG TO THE LEFT AS THOUGH POSSESSED, HURLING US INTO A NIGHTMARE 4 FULL ROLLS. DRIVER SUSTAINED HOLE IN HER CROWN(HEAD)PLUS HAND AND ARM PAIN. PASSENGER SUSTAINED SHOULDER PAIN. PASSENGER BEHIND PERSON SUSTAINED BACK INJURIES. PASSENGER BEHIND DRIVER IN SEATBELT O.K. EXCEPT FOR BRUISING FROM SEAT BELT. 5TH PERSON IN BACK HAD COMPRESSION IN CHEST, KNEE WRENCHED, AND HORRIBLE LEG CRAMPING FOR 2 WEEKS. THANK GOD WE LIVED TO TELL THE STORY. I CAN BE REACHED AT 425-462-1396 I AM CONNIE(OWNER) STAYIN

CONTINUED ON BACK PANEL

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