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| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br><b>National Highway Traffic Safety Administration</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                            |                                                              | <b>FOR AGENCY USE ONLY 258</b><br>Date Received<br><div style="font-size: 1.2em; font-weight: bold;">03-SEP-2000</div>                                                                                              |                                                                                         | Od_or _____<br>Rt_dt _____<br>od_rt _____<br>up_ltr _____<br>Reference No.<br><div style="font-size: 1.2em; font-weight: bold;">730029</div> |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                   |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| Signature of Owner _____ Date ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| Vehicle Ident. No. (VIN) <small>(located at front of windshield on drivers side)</small><br><div style="font-weight: bold;">1FMFU18L6YLB59503</div>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              | Vehicle Make<br><div style="font-weight: bold;">FORD TRUCK</div>                                                                                                                                                    | Vehicle Model<br><div style="font-weight: bold;">EXPEDITION</div>                       | Vehicle Year<br><div style="font-weight: bold;">2000</div>                                                                                   | Current Odometer Reading                                                                                                                                |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| Purchase Date<br><div style="font-weight: bold;">01-MAY-2000</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dealer's Name _____<br>City _____ State _____ Zip Code _____ |                                                                                                                                                                                                                     | Engine Size (CID/CC/L) <div style="font-weight: bold;">5.4L</div><br>No Cylinders _____ |                                                                                                                                              | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              | Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                  |                                                                                         |                                                                                                                                              | Antilock Brakes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                  | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag |                                                                                         | Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front <input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |  | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| Component<br><div style="font-weight: bold;">02700000</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              | Part Name(s)<br><div style="font-weight: bold;">TIRES</div>                                                                                                                                                         |                                                                                         | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear     |                                                                                                                                                         | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                                  |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| No of Failures<br><div style="font-weight: bold;">1</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              | Date(s) of Failure(s) <div style="font-weight: bold;">09-JUL-2000</div><br>Mileage at Failure(s) <div style="font-weight: bold;">2690</div><br>Vehicle Speed at Failure(s) <div style="font-weight: bold;">35</div> |                                                                                         |                                                                                                                                              | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                   |                                                                                                                                                                                                                                              | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                         |                                                                                         | Number of Persons Injured<br><div style="font-weight: bold;">0</div>                                                                         |                                                                                                                                                         | Number of Fatalities<br><div style="font-weight: bold;">0</div>                                                                                                                                                                              |                                                                                         | Estimated Property Damage                                                             |                                                                                                                            | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                      |  |                                                                                                                                                                                                                        |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
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| CONTINUED ON BACK (SEE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| 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. |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |

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| Signature of Owner _____ Date ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
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| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
| Component<br><div style="font-weight: bold;">02700000</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              | Part Name(s)<br><div style="font-weight: bold;">TIRES</div>                                                                                                                                                         |                                                                                         | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear     |                                                                                                                                                         | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                                  |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
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| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                         |                                                                                         | Number of Persons Injured<br><div style="font-weight: bold;">0</div>                                                                         |                                                                                                                                                         | Number of Fatalities<br><div style="font-weight: bold;">0</div>                                                                                                                                                                              |                                                                                         | Estimated Property Damage                                                             |                                                                                                                            | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                      |  |                                                                                                                                                                                                                        |
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| CONTINUED ON BACK (SEE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                                                                                                                                                                                     |                                                                                         |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                                         |                                                                                       |                                                                                                                            |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                        |
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