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 1039

Date Received: 03-JAN-2002

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

Reference No.: 8001492

[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.) (Location of VIN on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FMPU18L6WLB22744	FORD TRUCK	EXPEDITION	1998	

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 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
02130000	SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	03-JAN-2002		
	Mileage at Failure(s 48	☐ Yes ☐ No	☐ Yes ☐ No
	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)

FRONT WHEEL CONTROL ARM SHEARED OFF. CONSUMER NOTICED A RATTLE, AND VEHICLE MAKING A NOISE. THIS HOOKS SWAY BAR TO LOWER CONTROL ARM. CONTACTED DEALER, AND DEALER STATED NO RECALL ISSUED . CONTACTED FORD, AND FORD STATED WARRANTY EXPIRED.*AK

CONTINUE ON A SEPARATE SHEET

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 1039

Date Received: 02 FEB 25 AM 11:4 03-JAN-2002 CORRECTS

Od_or
rt_dt
od_rt
up_ltr

Reference No. 8001492

Work Number
no [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 731979

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of a[redacted]ur name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 1/16/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1FMPU18L8WLB22744	FORD TRUCK	EXPEDITION	1998	

Purchase Date
☒ New ☐ Used

Dealer's Name DAVE SINCLAIR FORD
City St Louis State MO Zip Code

Engine Siz (CID/CC/L 5.4
No Cylinders 8

☐ Turbo
☐ Diesel
☑ Gas
☑ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02130000	SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN	☑ Left ☐ Right ☑ Front ☐ Rear	☑ Original ☐ Replacemen

No of Failures		Failed Part(s)	NHTSA Previously
1	Date(s) of Failure(s) 03-JAN-2002 Mileage at Failure(s) 48 Vehicle Speed at Failure(s) 15	☑ 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	NA	NA	NA	☐ Yes ☑ No

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CONTINUE ON BACK IF NEEDED