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** 1038

Date Received: 04-JAN-2002

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

Reference No.: 8001552

[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 |
|---|---|---|---|---|
| 1MELM5346RA623478 | FORD TRUCK | RANGER | 1994 | |

| 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 |
|---|---|---|---|
| 02400000 | SUSPENSION:SINGLE AXLE:REAR | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement |

| No of Failure | Dates of Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | 31-DEC-2001 | | |
| | Mileage at Failure(s 124 | ☐ 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)

**BRACKETS THAT HOLD CAB TOGETHER HAVE RUSTED AND CAUSED BACK OF VEHICLE TO BECOME DISLOCATED FROM BODY OF TRUCK. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS. *AK**

CONTINUED ON REVERSE

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 1038

Date Received: 04-JAN-2002

Od_or
rt_dt
od_rt
up_ltr

Reference No. 6001552

## OWNER INFORMATION (Type or Print)

[redacted] 732114

Work Number
Home [redacted]

*Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an e[redacted]e and address to the vehicle manufacturer.* ☒ YES ☐ NO

Signature of Owner [redacted] Date 1/22/2002

## VEHICLE INFORMATION

| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| 1MELM5346RA623478 | FORD TRUCK | RANGER | 1994 | 124,500 |

Purchase Date: 2/1999 ☒ New ☐ Used

Dealer's Name: PRIVATE PURCHASE

City: HARTFORD State: CT Zip Code: 06103

Engine Size (CID/CC/L): ____ No Cylinders: ____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☒ Manua<br>☐ Automatic | ☐ Yes<br>☒ No | ☐ 3-Point Belt<br>☐ Driverside Airbag<br>☐ Passengerside Airbag<br>☐ Motorbelt<br>☒ 2-Point Bel | ☐ Yes<br>☒ No | ☐ Front<br>☒ Rear<br>☐ 4-Whee | ☐ Car<br>☐ Van<br>☐ M inivan<br>☐ Other<br>☐ Sport Ut<br>☒ Truck<br>☐ Motorcycle | ☐ 2-Door<br>☐ 4 Door<br>☐ Stationwago<br>☐ Pick Up<br>☒ Truck |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 02400000 | SUSPENSION:SINGLE AXLE:REAR | ☒ Left ☐ Front ☒ Right ☒ Rear | ☒ Original ☐ Replacemen |

No of Failures: 1

Date(s) of Failure(s): 31-DEC-2001
Mileage at Failure(s): 124000
Vehicle Speed at Failure(s): 0

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(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 | NONE | NONE | 368.14 | ☐ Yes ☒ No |

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

BRACKETS THAT HOLD CAB TOGETHER HAVE RUSTED AND CAUSED BACK OF VEHICLE TO BECOME DISLOCATED FROM BODY OF TRUCK. DEALER HAS BEEN CONTACTED, PLEASE PROVIDE FURTHER DETAILS. *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 2)