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 336

Date Received: 16-JAN-2002

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

Reference No.: 8002279

[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
1FMEU18W8VLB36404	FORD TRUCK	EXPEDITION	1997	

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
02112000	SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	15-JAN-2002		
	Mileage at Failure(s 57845	☐ 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)

THERE'S A CLUNKING NOISE COMING FROM VEHICLE WHILE DRIVING. TOOK VEHICLE TO DEALER, AND INFORMED CONSUMER THAT LINKAGE BROKE FROM STABLIZER BAR. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON REVERSE

Form Approved O.M.B. No. 2127-0038

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 335

Date Received 16-JAN-2002

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

Reference No. 8002279

OWNER INFORMATION (Type or Print)

[redacted] 734141

Work Numb[redacted] (Home)

Home Number

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 ___/___/___

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1FMEU18W8VLB36404	FORD TRUCK	EXPEDITION	1997	58605

Purchase Date

☐ New ☒ Used

Dealer's Name Luther Ford

City Homer City State PA Zip Code 15748

Engine Siz (CID/CC/L ____

No Cylinders ____

☐ Turbo ☐ Diesel ☐ Gas ☑ Fuel Injecto

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

FAILED COMPONENT(S)/PART(S) INFOR MATION

Component	Part Name(s)	Loca on	Failed Part(s)
02112000	SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:	☑ .eft ☐ Right ☑ Front ☐ Rear	☑ Original ☐ Replacemen

No of Failures

Date(s) of Failure(s) 15-JAN-2002
Mileage at Failure(s) 57645
Vehicle Speed at Failure(s) ____

Failed Part(s) ☑ Yes ☐ No

NHTSA Previously ☐ Yes ☑ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failu(e(s), Crash(es), and injury-es) 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				☐ Yes ☑ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCID NT(S), INJURY(IES)

THERE'S A CLUNKING NOISE COMING FROM VEHICLE WHILE DRIVI G. TOOK VEHICLE TO DEALER, AND INFORMED CONSUMER THAT LINKAGE BROKE FRO I STABLIZER BAR. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK WHEN DEALER REPLACED BROKEN LINKAGE ON LEFT SIDE, I HAD THEM replace. RIGHT SIDE ALSO For my SAFETY.

- ALSO ON 12/5/01 I HAD PURCHASED 4 NEW TIRES. I HAD TAKEN MY VEHICLE THE NEXT DAY FOR AN Alignment. I WAS told BOTH Lower BALL JOINTS were Very BAD. THEY SUGGESTED I TAKE MY VEHICLE →

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

TO A FORD DEALERSHIP FOR INSPECTION SINCE I ONLY HAD 66863 MILES. I took my vehicle to LUTHER Ford IN Indiana PA AND THEY HAD FOUND BOTH LOWER BALL JOINTS WERE FAULTY. THEY replaced BOTH BALL JOINTS & ALIGNED MY VEHICLE MY COST 63.21

☆ U.S. G.P.O.: 1992 – 620-697/60086

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

JOHNSTOWN PA 159
PM

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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)

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