



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

07-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8003724

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 at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMRUL5W51LB28961		FORD TRUCK	EXPEDITION	2001	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
		☒ Motorbelt ☐ 2-Point Belt			☐ Sport Util ☐ Truck ☐ Motorcycle ☒ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 26-JAN-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s)		
	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 ☒ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured 2	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
--	--	--------------------------------	----------------------	--------------------------	--

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

WHILE DRIVING 25MPH VEHICLE REARENDED ANOTHER VEHICLE AND SEAT BELTS WERE NOT WORKING PROPERLY. DRIVER AND PASSENGER WERE INJURED. DEALER CONTACTED.

COPIES OF THIS FORM ARE:

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.



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

07-FEB-2002

Od or

rt_dt

od_rt

up_ftr

Reference No.

8003724

OWNER INFORMATION (Type or Print)

Work

Home

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of a signature, please print your name and address to the vehicle manufacturer.

Signature of Owner

Date 3/7/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located on bottom of windshield on driver's side)

1FMRUL5W51LB28961

Vehicle Make

FORD TRUCK

Vehicle Model

EXPEDITION

Vehicle Year

2001

Current Odometer Reading

15,589.5

Purchase Date

6-26-01

Dealer's Name Capitol Ford

Engine Size

(CID/GCIL) 4.6

No Cylinders 8

☐ Turbo☐ Diesel☐ Gas☒ Fuel Injected☒ New ☐ Used

City San Jose State CA Zip Code 95136

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☒ Yes☐ No

Restraint System

☐ 3-Point Belt☐ Driverside Airbag☐ Passengerside Airbag☒ Motorbelt☐ 2-Point Belt

Cruise Control

☒ Yes☐ No

Drive Train

☐ Front☒ Rear☐ 4-Wheel

Vehicle Type

☐ Car☐ Van☐ Minivan☐ Other☒ Sport Ult☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

12130000

Part Name(s)

INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS

Location

☐ Left☐ Right☒ Front☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 26-JAN-2002

Mileage at Failure(s) 15,589.5

Vehicle Speed at Failure(s) 30 mph

Failed Part(s)

☒ Yes ☐ No

NHTSA Previous y

☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

2

Number of Fatalities

0

Estimated Property Damage

Reported to Police

☒ Yes ☐ No

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

WHILE DRIVING 25MPH VEHICLE REARENDED ANOTHER VEHICLE AND SEAT BELTS WERE NOT WORKING PROPERLY. DRIVER AND PASSENGER WERE INJURED. DEALER CONTACTED.

CONTINUE ON BACK IF NEEDED

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.