



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 231

Date Received

18-MAR-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8005790

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)<br><small>(Location at bottom of windshield and driver's side)</small> |                                                                                    | Vehicle Make<br><b>FORD TRUCK</b>                                                                                                                                                                                                    | Vehicle Model<br><b>F150</b>                                                      | Vehicle Year<br><b>1999</b>                                                                                                                  | Current Odometer Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used      | Dealer's Name _____<br>City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                                                      | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic  | Antilock Brakes<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                       | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____<br>Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                              |                                                                                               |                                                                                                                                          |                                                                                             |
|------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>13410000</b> | Part Name(s)<br><b>STRUCTURE:DOOR ASSEMBLY:FRAME AND PANEL</b>                                | 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 Failure                | Dates of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------|----------------------|--------------------------|------------------------------------------------------------------------------------|

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

**WHILE LOOKING VEHICLE OVER CONSUMER NOTICED CRACKS ON TOP OF DOOR FRAME BY WINDOW. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION.\*AK**

COPIES OF REPORTS - 1000000000

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.



## DOT Auto Safety Hotline

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## FOR AGENCY USE ONLY

231

Date Received

18-MAR-2002

DEFECTS INVESTIGATION

Ed or  
rt dt  
ed dt  
up tr

Reference No.  
8005790

Work Number

Home

## OWNER INFORMATION (Type or Print)

743806

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

YES

NO

In the absence of  
Signature of Owner

your name and address to the vehicle manufacturer.

Date 4/2/02

## VEHICLE INFORMATION

|                                                                                                                                                    |                                                                                           |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         |                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)                                                                       | Vehicle Make                                                                              | Vehicle Model                                                                                                                                                                                                                                                                                                                             | Vehicle Year                                                                                                                                            | Current Odometer Reading                                                                                                      |
| 1FTRX06L4XKB05009                                                                                                                                  | FORD TRUCK                                                                                | F150                                                                                                                                                                                                                                                                                                                                      | 1999                                                                                                                                                    | 56,000                                                                                                                        |
| Purchase Date<br>3/02/00                                                                                                                           | Dealer's Name<br>Bev Smith Ford                                                           | Engine Size<br>5.4L                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                               |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                              | City<br>West Palm                                                                         | State<br>FL                                                                                                                                                                                                                                                                                                                               | Zip Code                                                                                                                                                | No Cylinders<br>8                                                                                                             |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                              | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag                                                                  | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel |
| Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |                                                                                           | Body Style<br><input type="checkbox"/> Sport Utility<br><input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station wagon<br><input type="checkbox"/> Pick Up<br><input checked="" type="checkbox"/> Truck |                                                                                                                                                         |                                                                                                                               |

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

|                                                                                       |                                                           |                                                                                                                                                                      |                                                                                                        |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Component<br>13410000                                                                 | Part Name(s)<br>STRUCTURE: DOOR ASSEMBLY: FRAME AND PANEL | Location<br><input checked="" type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br>1                                                                   | Date(s) of Failure(s)<br>2/15/02                          | Mileage at Failure(s)<br>56,000                                                                                                                                      | Vehicle Speed at Failure(s)                                                                            |
| Failed Part(s)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                           | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>— | Number of Fatalities<br>— | Estimated Property Damage<br>— | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|--------------------------------|--------------------------------------------------------------------------------|

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

WHILE LOOKING VEHICLE OVER CONSUMER NOTICED CRACKS ON TOP OF DOOR FRAME BY WINDOW. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION.\*AK

Dealer wants \$300 for repair. They have special kit for this repair. They know they have faulty Factory doors. I have seen over 25 of same trucks with same problem since I noticed mine.

CONTINUE ON BACK IF NEEDED

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