



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 1362

Date Received

27-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8006478

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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FTNX21F6YED30217	FORD TRUCK	F250	2000			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 8 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AND APPLY THE BRAKES THE STEERING WHEEL BECOMES DIFFICULT TO STEER AND THE CONSUMER LOOSES ALL POWER STEERING. NLM

COPIED FROM NHTSA - REF 101

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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

745538
 Home Number
 Work Number
 Signature of Owner

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 provide the end address to the vehicle manufacturer.

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (if located on bottom of windshield on driver's side)
 1FTNX21F6YED30217
 Vehicle Make
 FORD TRUCK
 Vehicle Model
 F250
 Vehicle Year
 2000
 Current Odometer Reading
 36,009

Purchase Date
 12/2000
 Dealers Name
 BATTLEFIELD FORD
 City
 MANASSAS
 State
 VA
 Zip Code

Transmission Type
 Automatic
 Manual
 Antilock Brakes
 Yes
 No
 Restraint System
 3-Point Belt
 Motorbelt
 2-Point Belt
 Passenger Side Airbag
 Cruise Control
 Yes
 No
 Drive Train
 4-Wheel
 Front
 Rear
 Vehicle Type
 Car
 Van
 Minivan
 Other
 Sport Util.
 Truck
 Motorcycle
 Body Style
 Turbo
 Diesel
 Gas
 Fuel Injecto.

Component
 03200000
 Part Name(s)
 BRAKES-HYDRAULIC SYSTEM
 Location
 Front
 Rear
 Right
 Left
 Failed Part(s)
 Original
 Replacement

No of Failures
 Date(s) of Failure(s)
 Mileage at Failure(s)
 Vehicle Speed at Failure(s)
 Failed Part(s)
 Yes
 No
 Previously
 Yes
 No
 NHTSA

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
 Number of Fatalities
 Estimated Property Damage
 Reported to Police
 Yes
 No

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

WHILE DRIVING AND APPLY THE BRAKES THE STEERING WHEEL BECOMES DIFFICULT TO STEER AND THE CONSUMER LOOSES ALL POWER STEERING. NLM
 When applying the brakes at low speed, the steering wheel won't turn, the booster pump runs, both the steering & the brakes, the dealer said Ford knows about it but they don't have a fix.

Form Approved O.M.B. No. 2127-0008
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

When BACKING A trailer AT Low Speeds AND Applying the Brakes the Steering wheel locks and won't turn, Same for Parking AND for applying the Brakes hard to Stop quickly at higher speeds.

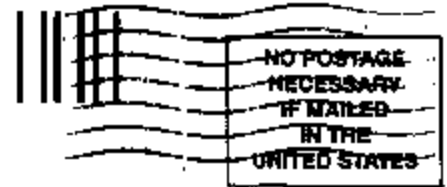
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590

20590+0001



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

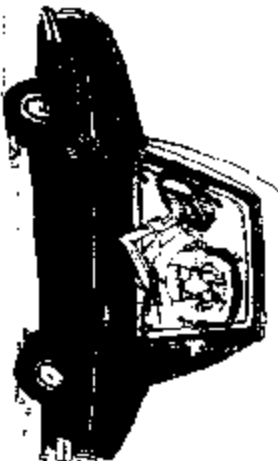
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at 5

1-888-DASH-2-DOT 1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration help@www.nhtsa.dot.gov/nhtsa