



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

02-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8006790

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 and door frame)		Vehicle Make FORD TRUCK	Vehicle Model RANGER	Vehicle Year 1999	Current Odometer Reading
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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ 26 Vehicle Speed at Failure(s) _____	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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING VEHICLE SWERVES OVER ROAD. MORE SPEED THE WORSE IT GETS. CAUSE UNKNOWN.
PLEASE ADD TO VIN. *AK

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.

		Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		OWNER INFORMATION (Type or Print) 746336	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received: 02-APR-2002 Office: OFFICE OF INVESTIGATION Reference No.: 8006790		Work Number: [Redacted] Home Number: [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO					
Signature of Owner: [Redacted] Date: 4/11/02					
VEHICLE INFORMATION Vehicle Ident. No. (VIN): 1FTZ R15X7X PB02986 Vehicle Make: FORD TRUCK Vehicle Model: RANGER Vehicle Year: 1999 Current Occupant: RHD					
Purchase Date: [Redacted] Dealer's Name: Noble Ford City: Indianapolis State: IN Zip Code: 460		Engine Size: 4.0L Fuel: Gas Fuel Injection: Turbo			
Transmission Type: ☒ Automatic ☐ Manual Antilock Brakes: ☒ Yes ☐ No		Restraint System: ☒ 3-Point Belt ☐ 2-Point Belt Driver's Side Airbag: ☒ Yes ☐ No			
Vehicle Type: ☒ Car ☐ Van ☐ Other Body Style: ☒ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Truck ☐ Pick Up		Drive Train: ☒ Front ☐ Rear ☐ 4-Wheel Vehicle Type: ☒ Sport Utility ☐ Truck ☐ Motorcycle			
Component: 02000000 Part Name(s): Location: ☐ Front ☐ Left ☐ Right ☐ Rear Failed Part(s): ☐ Original ☐ Replacement		No of Failures: [Redacted] Date(s) of Failure(s): [Redacted] Mileage at Failure(s): 28 Vehicle Speed at Failure(s): [Redacted]			
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: [Redacted] Number of Fatalities: [Redacted] Estimated Property Damage: [Redacted] Reported to Police: ☐ Yes ☐ No		NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE DRIVING VEHICLE SWERVES OVER ROAD, MORE SPEED THE WORSE IT GETS, CAUSE UNKNOWN, PLEASE ADD TO VIN. TRUCK ORIGINALLY WENT IN FOR DOG TRACKING Dealer couldn't find a problem. Second time for dog tracking and starting to dip in the rear and swerve, Dealer said nothing wrong. Third time dipping and swerving getting worse. Dealer found problem (over)			
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CONTINUE ON BACK - ATTACH

with rear springs and bushings. They sent truck home while ordering parts. Fourth time replaced rear springs and bushings, helped dipping & swarming but not dog tracking. Fifth time Dealer took Topper off to see how it look with dog tracking. They told me truck was within specs could do nothing more. Called again after about 4000 miles on new springs Truck is getting loose in rear again. Service Mgr. Told me it was within specs they couldn't fix it. Met with Service Mgr. and Factory Rep. the Rep Told me his engineer said Truck was within specs. There was nothing wrong.

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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