



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

09-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009510

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 door)		Vehicle Make FORD TRUCK	Vehicle Model F150	Vehicle Year 1999	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
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 Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13410000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:FRAME AND PANEL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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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DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1039	
 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	
OWNER INFORMATION (Type or Print) CLAYTON LA		Date Received 09-MAY-2002 OFFICE OF INVESTIGATION	
		Reference No. 8009510	
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.		Work Number 	
Signature of Owner _____		Date <u>5/1/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>1F7RX17W1ND31402</u>	<u>FORD TRUCK</u>	<u>F150</u>	<u>1999</u>
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Current Odometer Reading
☐ New ☒ Used	<u>Dealership</u>	<u>467</u>	<u>54007</u>
City	State	Zip Code	
<u>Alhambra</u>	<u>CA</u>	<u>91801</u>	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☐ Yes ☒ No
Drive Train	Vehicle Type	Body Style	
☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
<u>13410000</u>	<u>STRUCTURE: DOOR ASSEMBLY: FRAME AND PANEL</u>	☒ Left ☐ Right ☒ Front ☐ Rear	☐ Original ☐ Replacement
Number of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
<u>1</u>	<u>May 13 2002</u>	<u>53985</u>	<u>0</u>
Failed Part(s)	NHTSA Previously		
☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities
☐ Yes ☒ No	☐ Yes ☒ No	<u>0</u>	<u>0</u>
Estimated Property Damage	Reported to Police		
	☐ Yes ☒ No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			