



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

14-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009856

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 windshield and driver's side door)</small>		Vehicle Make FORD TRUCK	Vehicle Model WINDSTAR	Vehicle Year 1996	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 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

SHOULDER RETRACTOR IS NOT WORKING PROPERLY IN TMIDDLE BENCH SEAT. WILL NOT RETRACT ENOUGH FOR BELT TO GO AROUND CONSUMER. CAN'T PULL OUT MANUALLY. DEALER CONTACTED PLEASE ADD 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

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

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

OWNER INFORMATION (Type or Print)

754171

Work Number

MD

WESTMINSTER

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

YES ☒ NO ☐

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

Date: 5/14/02

VEHICLE INFORMATION

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

2FMD451Y1TGB61386

FORD TRUCK

WINDSTAR

Vehicle Year

1996

Current Odometer Reading

75319

Purchase Date

6-96

☐ New ☒ Used

Dealer's Name

Cox Ford (Crown)

City: Hampstead State: MD Zip Code: 21074

Engine Size (CID/GAL)

3.8 6

No Cylinders

6

Fuel Injection

Gas

Diesel

Turbo

Transmission Type: Automatic ☒ Manual ☐

Antilock Brakes: Yes ☒ No ☐

Restraint System: 3-Point Belt ☒ 2-Point Belt ☐ Motorized ☐ Driver's Side Airbag ☒ Passenger's Side Airbag ☒

Cruise Control

Yes ☒ No ☐

Drive Train: Front ☒ Rear ☐ 4-Wheel ☐

Vehicle Type

Car ☒ Van ☐ Minivan ☐ Other ☐

Sport Utility ☐ Truck ☐ Motorcycle ☐

Body Style

2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up ☐ Truck ☐

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

12240000

Part Name(s)

INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT RETRACTORS

Location

Left ☐ Right ☒

Failed Part(s)

Original ☐ Replacement ☒

Failed Parts

No of Failures

1

Date(s) of Failure(s)

4/30/02 - Present

Mileage at Failure(s)

74000

Vehicle Speed at Failure(s)

N/A

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

0

Number of Fatalities

0

Estimated Property Damage

0

Reported to Police

Yes ☐ No ☒

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

SHOULDER RETRACTOR IS NOT WORKING PROPERLY IN MIDDLE BENCH SEAT, WILL NOT RETRACT ENOUGH FOR BELT TO GO AROUND CONSUMER. CANT PULL OUT MANUALLY. DEALER CONTACTED PLEASE ADD VIN. AK

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CONTINUE ON BACK IF NEEDED