



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 758**

Date Received

20-MAY-2002

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

Reference No.

8010102

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		
4M2DV11W0SDJ32967	MERCURY TRUCK	VILLAGER	1995			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" 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 checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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) _____ 01-FEB-2001 Mileage at Failure(s) _____ 62000 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**DRIVER'S SEATBELT HAS STOPPED WORKING FOR THE 3RD TIME, IT WAS REPLACED IN FEBRUARY 2001/ APRIL 2001, AND IS BEING REPLACED AT THIS TIME. BURNED OUT MOTOR IS THE CAUSE.\*AK**

CC0016-0016-0000-0000

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY</b> 758	
			Date Received  20-MAY-2002

<b>OWNER INFORMATION (Type or Print)</b>		Reference No. 8010102	
[Redacted]	754818	Work Number _____ Home Num _____	
TULSA OK [Redacted]			

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: [Redacted] Date: 5/31/2002

<b>VEHICLE INFORMATION</b>				
Vehicle Ident. No. (VIN.) (Located bottom of windshield on driver's side) 4M2DV11W0SDJ32967	Vehicle Make MERCURY TRUCK	Vehicle Model VILLAGER	Vehicle Year 1995	Current Odometer Reading 61,780
Purchase Date: 5-29-97 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name: FORD OF TULSA 3440 S. SHERIDAN City: TULSA State: OK Zip Code: 74145		Engine Size (CID/CC/L): No Cylinders: 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type: <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style: <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck		

<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component 12130000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS	Location: <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 3	Date(s) of Failure(s): 01-FEB-2001 Mileage at Failure(s): 62000 Vehicle Speed at Failure(s): 0 BREAKS WHEN STOPPED	Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>APPLICATION INCIDENT INFORMATION</b> (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 Damage:	Reported to Police: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

DRIVER'S SEATBELT HAS STOPPED WORKING FOR THE 3RD TIME, IT WAS REPLACED IN FEBRUARY 2001/ APRIL 2001, AND IS BEING REPLACED AT THIS TIME. BURNED OUT MOTOR IS THE CAUSE. \*AK

WE MANUALLY DISCONNECT & RECONNECT BELTS (LEFT/ RIGHT SIDE) TO TRY TO PREVENT THIS HAPPENING AGAIN. BELT REPLACED FOR 3RD TIME WITHIN 1 YEAR 4-1-2002. THE POLICE TELLS ME IF SHOULDER & STOMACH BELTS ARE EQUIPPED IN CAR, WE MUST USE BOTH.

# VEHICLE OWNER'S QUESTIONNAIRE



**DOT AUTO SAFETY HOTLINE**

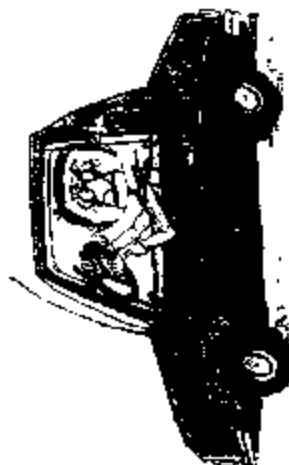
TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

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

DOT Auto Safety Hotline  
(DASH) 2 DOT



US Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.dot.gov/hotline>



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



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

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

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

Official Business  
Penalty for Private Use \$300

US Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590

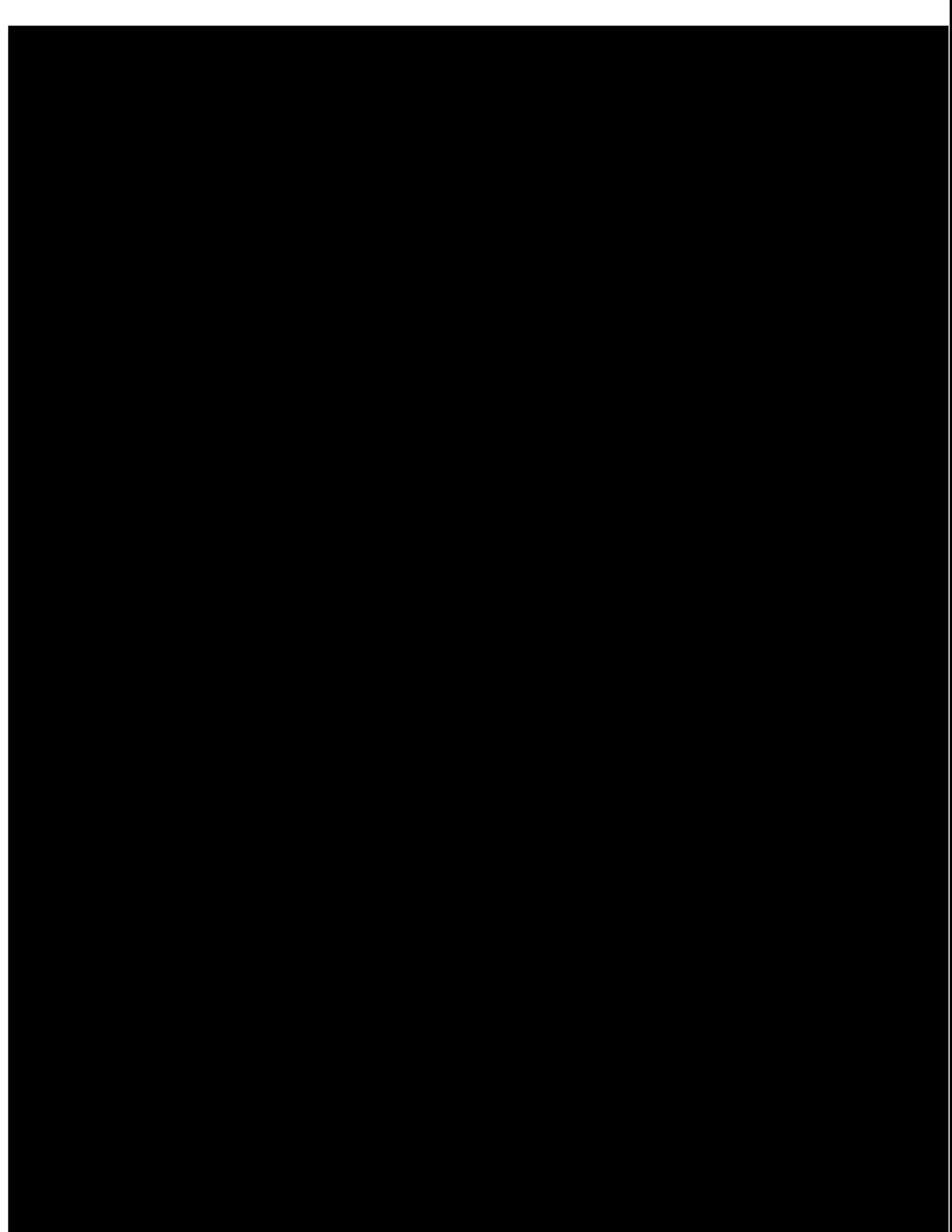
ATTACH ADDITIONAL SHEETS IF NECESSARY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(es)

I CONSIDER THIS A VERY REAL HAZARD  
I WOULD REQUEST THE AIRBAG BELTS  
BE RECALLED ASAP BEFORE THEY BECOME  
A CAUSE OF AN ACCIDENT OR COLLISION. I UNDERSTAND  
THEY ARE CONNECTED OR WORK WITH THE AIR-  
BAGS. I AM A RETIRED-SINGLE WOMAN BUT I  
HAVE TO BE HANDLED BY WHO TRAVEL WITH  
ME & SOMETIMES DRIVE SO I AM VERY  
WORRIED ABOUT THE AIRBAGS. I SHOULD  
BELT DEFENDABLY MY SAFETY. I USE SEAT  
BELTS RELIGIOUSLY & SO DOES ANY PASSENGERS  
IN MY CAR. SEE OTHER REPORTS

**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)**

*(Page   1   through Page   11  )*



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses, income, and transfers between accounts.

Next, the document outlines the process of reconciling bank statements with the company's records. This involves comparing the bank's record of transactions with the company's ledger to identify any discrepancies. Common reasons for discrepancies include timing differences, such as deposits in transit or outstanding checks, and errors in recording or transcription.

The document then provides a detailed explanation of the accounting cycle, which consists of eight steps: 1) identifying and recording transactions, 2) journalizing, 3) posting to the ledger, 4) calculating the trial balance, 5) adjusting entries, 6) preparing financial statements, 7) closing the books, and 8) reversing entries. Each step is described in detail, including the necessary journal entries and ledger postings.

Finally, the document discusses the importance of internal controls to prevent fraud and errors. It suggests implementing a system of checks and balances, such as separating duties, requiring approvals for transactions, and conducting regular audits. The document also provides a checklist of key internal control procedures for management to review.

