



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** 1368

Date Received

22-MAY-2002

Ord. or  
rt. dt  
od. rt  
rp. ltr

Reference No.

8010346

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		
1FAPP6040LH100501	FORD	THUNDERBIRD	1994			
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 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 08210000	Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	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) 21-MAY-2002 Mileage at Failure(s) 100000 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 checked="" 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)**

WIRES IN STEERING WHEEL CAUGHT ON FIRE.\*AK

CONTINUED ON REVERSE

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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 1368</p> <p>Date Received: <u>22-MAY-2002</u></p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p> <p>Reference No.: <u>8010346</u></p> <p>Work Number: _____ Home Number: _____</p>
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>Signature: <u>Saugoit Saugoit</u> NY <u>[Redacted]</u> 755359</p>	

Do you authorize NHTSA to provide a copy of report of your vehicle?  YES  NO

In the absence of an address to the vehicle manufacturer, Date: 6.30.02

Signature of Owner: \_\_\_\_\_

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1FAPP6040LH100501</u>	Vehicle Make <u>FORD</u>	Vehicle Model <u>THUNDERBIRD</u>	Vehicle Year <u>1990</u>	Current Odometer Reading _____		
Purchase Date <u>2000</u>	Dealer's Name <u>Red Lake Sales 724 9536</u>	Engine Size (CID/CC/L) <u>3.8</u>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injecte <input checked="" type="checkbox"/>			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Utica</u> State <u>NY</u> Zip Code <u>13502</u>	No Cylinders <u>6</u>				
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front Rear 4-Wheel <input checked="" type="checkbox"/>	Vehicle Type <input checked="" type="checkbox"/> Car Van Minivan Other <input type="checkbox"/> Sport Util Truck Motorcycle	Body Style <input checked="" type="checkbox"/> 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>08310000</u>	Part Name(s) <u>ELECTRICAL SYSTEM: WIRING: HARNESS: FRONT: UNDERHOOD</u>	Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part's <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>21-MAY-2002</u> Mileage at Failure(s) <u>100000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) <input checked="" 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 checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured <u>1</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>Total Loss</u>	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

WIRES IN STEERING WHEEL CAUGHT ON FIRE. \*AK

SON WAS INJURED!

I Request compensation

I received a payment. THEN the Eric Ins Co. took it back !!

creating a mess for my checking account. Would you please Help?

CONTINUE ON BACK IF NEEDED

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