



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 436

Date Received

24-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8010471

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 or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2FMVA5140WB09308		FORD TRUCK	WINDSTAR	1998	
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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other
					☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09201000	Part Name(s) LIGHTING:LAMP OR SOCKET:HIGH/LOW BEAM DIMMER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) 17000 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)

HEADLIGHTS OVER THE PAST YEAR HAVE NOT BEEN CORRECTED. AT NIGHT DIMMER LIGHTS HAVE VERY POOR VISIBILITY. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE MORE INFORMATION.*AK

COPIES OF REPORTS ARE KEPT

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.



DOT Auto Safety Hotline

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

436

Date Received

24-MAY-2002

Od_or
rt_dt
od_rt
up_kr

Reference No.

6010471

OWNER INFORMATION (Type or Print)

755698

POUGHKEEPSIE

NY

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.☒ YES ☐ NO

Signature of Owner

Date 6/9/02

VEHICLE INFORMATION

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

2FMVA5140WB09308

Vehicle Make

FORD TRUCK

Vehicle Model

WINDSTAR

Vehicle Year

1998

Current Odometer Reading

17,000

Purchase Date

5/98

Dealer's Name Freedom Ford INC.

Engine Size
(CID/CC/L)☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection☒ New ☐ Used

City Beacon State NY Zip Code 12508

No Cylinders

Transmission Type

☐ Manual
☒ Automatic

Antilock Brakes

☐ Yes
☐ No

Restraint System

☐ 3-Point Belt ☐ Motorbelt
☐ Driverside Airbag ☐ 2-Point Belt
☐ Passengerside Airbag

Cruise Control

☒ Yes
☐ No

Drive Train

☐ Front
☐ Rear
☐ 4-Wheel

Vehicle Type

☐ Car ☐ Sport Utility
☒ Van ☐ Truck
☐ Minivan ☐ Motorcycle
☐ Other

Body Style

☒ 2-Door
☐ 4-Door
☐ Stationwagon
☐ Pick Up
☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
09201000Part Name(s)
LIGHTING:LAMP OR SOCKET:HIGH/LOW BEAM DIMMER

Location

☐ Left ☐ Right
☒ Front ☐ Rear

Failed Part(s)

☒ Original
☐ Replacement

No of Failures

Date(s) of Failure(s) Since day one
Mileage at Failure(s) 17000
Vehicle Speed at Failure(s) 30 M P/HFailed
Part(s)☐ Yes ☐ NoNHTSA
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 Damage

Reported to Police

☐ Yes ☐ No

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

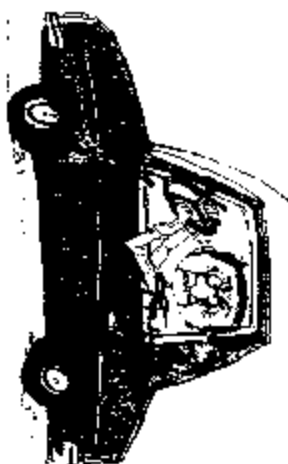
HEADLIGHTS OVER THE PAST YEAR HAVE NOT BEEN CORRECTED. AT NIGHT DIMMER LIGHTS
HAVE VERY POOR VISIBILITY. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE MORE
INFORMATION.*AKnever be able to drive at night. due to the dim
headlights.

CONTINUE ON BACK IF NEEDED

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The headlights so dim, never be able to drive at night due to the extremely dim ~~light~~ headlights. According to the technician that the whole headlights system need to be changed. It is extremely dangerous to drive at night. My daughter is severely disabled and often need to be taken to the emergency. It is very very dangerous to drive her out at night time.

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DOT Auto Safety Hotline
(DASH) 2 DOT

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

and dial roll from 27

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

VEHICLE