

 DOT Auto Safety Hotline 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		FOR AGENCY USE ONLY 252 Date Received: <u>02-DEC-2002</u> OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) [Redacted]				Reference No. <u>8023546</u>	
LAS VEGAS NV				Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorized signature, NHTSA will not provide your name and address to the vehicle manufacturer.					
Signature of Owner _____				Date <u>12/26/2002</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) PLEASE FILL IN		Vehicle Make FORD TRUCK	Vehicle Model F250	Vehicle Year 2000	Current Registration 5604
Purchase Date _____		Dealer's Name <u>Gaudin FORD MOTOR CO.</u>		Engine Size (CID/CC) <u>7.3</u>	<input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City <u>Las Vegas</u> State <u>NV</u> Zip Code <u>89121</u>		No Cylinders <u>8</u>	
Transmission Type <input checked="" type="checkbox"/> Manual <input 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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		Body Style <input checked="" 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 07100000	Part Name(s) POWER TRAIN:CLUTCH ASSEMBLY		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>01-OCT-2002</u> Mileage at Failure(s) <u>56000</u> Vehicle Speed at Failure(s) <u>45</u>		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Multiple</u>		NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>\$1200</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE TRAVELING ABOUT 45MPH ON THE HIGHWAY ^{STREET} WHILE APPROACHING AN INTERSECTION. THE CLUTCH WAS DISENGAGE WITH TRANSMISSION PLEASE FILL IN ADDITIONAL INFORMATION DEALER IS AWARE OF THE PROBLEM. TS					
I FOUND OUT LATER WHEN THE MECHANIC REPAIRED THE TRUCK THAT THE STEEL CLUTCH AND THAT HELD THE THROAT BEARING HAD CRACKED AND BROKE. THE MECHANIC'S OWN OPINION SAID THAT IT WAS A DEFECTIVE PART AND NEVER					
CONTINUE ON BACK IF NEEDED					
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 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.					

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

were should have Broken.
 when he ^(mechanic) received the new part he showed me the part and it was already fixed up where mine had failed.
 So Ford knew that it was a failed part and made replacement parts that may correct the defect. But they will not put this part under recall for other people's safety.
 My children and I could have been badly injured or even killed in this main intersection.
 To believe something must be done.
 Thank you [redacted]
 Thank you [redacted]

ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

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

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



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



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http://www.nhtsa.dot.gov/ncsa