



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 119

Date Received

11-JAN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

854890

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FTJE34M4RHC16582	FORD TRUCK	E350	1994			
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injection		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt			<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 05240000	Par. Name(s) ENGINE COOLING SYSTEM:FAN	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHEN TRAVELING FAN BELT DISINTEGRATED, CAUSING COMPLETE LOSS OF POWER STEERING AND BRAKES. ALSO, TWO YEARS AGO RECALL OMP96B82 WAS ISSUED CONCERNING THE SAME PROBLEM, RECALL REPAIR WORK WAS DONE. HOWEVER, PROBLEM HAS OCCURRED AGAIN. VEHICLE CURRENTLY AT DEALER AWAITING REPAIRS. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK (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.

Auto Safety Hotline		FOR AGENCY USE ONLY 119	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Reported <u>11-JAN-2000</u> Office <u>DEFECTS INVESTIGATION</u> Reference No. <u>854890</u>	
[Redacted] <u>683721</u>		Work Num [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner [Redacted]		Date <u>1/26/2000</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
<u>1FTJE34M4RHC16582</u>	<u>FORD TRUCK</u>	<u>E350</u>	<u>1994</u>
Current Odometer Reading <u>99117</u>	Purchase Date <u>6/96</u>		Dealer's Name <u>AYJ MOTORS</u>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>RAMDING</u> State <u>MA</u> Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders <u>8</u>
<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
<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 <u>00940000</u>	Part Name(s) <u>ENGINE COOLING SYSTEM-FAN-TENSION ASSEMBLY PULLEY</u>	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 Failures <u>2</u>	Date(s) of Failure(s) <u>55676</u> Mileage at Failure(s) <u>9117</u> Vehicle Speed at Failure(s) <u>5 MPH</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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	Number of Fatalities
Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<u>FELL OFF PULLEY</u> WHEN TRAVELING FAN BELT DISINTEGRATED, CAUSING COMPLETE LOSS OF POWER STEERING AND BRAKES. ALSO, TWO YEARS AGO RECALL OMP96B82 WAS ISSUED CONCERNING THE SAME PROBLEM, RECALL REPAIR WORK WAS DONE. HOWEVER, PROBLEM HAS OCCURRED AGAIN. VEHICLE CURRENTLY AT DEALER AWAITING REPAIRS. PLEASE PROVIDE ANY FURTHER DETAILS. *AK			
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 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.			

4243

51208

COLONY FORD TRUCK CENTER, Inc.
7 JEFFERSON BLVD. P.O. BOX 8640
WARWICK, RHODE ISLAND 02888

INVOICE



SERVICE DIRECT (401) 467-3649
MAIN NO. (401) 467-3800
FAX NO. (401) 467-5948

PAGE

SERVICE ADVISOR: 333 CHRISTINE MULLENSKY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
	1994	FORD F350	1F2JEB34M4RH016582	31130	99117/99117	31130	
DEL DATE	PROD. DATE	WARR EXP.	PROMISED	POND.	RATE	PAYMENT	INV. DATE
			17:30 10JAN00		59.98	CASH	13JAN2000
R.O. OPENED	READY	OPTIONS: 1) CONTACT: TOM DIAMAO 942-8699					
10JAN00	13JAN00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUSTOMER STATES PULLEY CAME OFF /WILL HAVE TOWED IN BY AAA							
600 ENGINES							
						329.40	329.40
						27.66	27.66
						117.87	117.87
						178.63	178.63
						75.89	75.89
						8.10	8.10
PARTS:	408.15	LABOR:	329.40	OTHER:	0.00	TOTAL LINE A:	737.55

99117 329 PUSHED VEHICLE INTO GARAGE. BELT TENSIONER BROVE LOOSE AND DAMAGED FAN BLADES. TENSIONER AND FAN BLADES NEED TO BE REPLACED. NEW FAN BELT IS ALSO NEEDED. TENSIONER WILL NEED TO BE ORDERED. WAITING FOR APPROVAL. 329 329 REMOVED FAN AND CLUTCH ASSEMBLY, FAN SHROUD ALSO REMOVED. IDLER PULLEY NEEDED TO BE REMOVED TO REMOVE TENSIONER PULLEY. TOP RADIATOR HOSE DISCONNECTED TO ALLOW SHROUD AND FAN TO BE REMOVED. RADIATOR PARTIALLY DRAINED TO REMOVE TOP HOSE. NEW FAN AND CLUTCH ASSEMBLED. TENSIONER PULLEY NEEDED TO BE ORDERED. 329 386 GOT PREVIOUSLY ORDERED BELT TENSIONER AND INSTALLED IT. INSTALLED IDLER PULLEY AND NEW BELT. INSTALL NEW FAN AND FAN CLUTCH. REINSTALL SHROUD UPPER HOSE AND REFILL RADIATOR. RAN WILL PROPER TEMP AND REFILLED RAD. ROAD TEST, OK AT THIS TIME. 386

COLONY TRUCK THANKS YOU FOR YOUR PATRONAGE
YOUR COMPLETE SATISFACTION IS OUR GOAL!
IF FOR ANY REASON YOU ARE DISSATISFIED
OR YOU CAN NOT RECOMMEND COLONY TRUCK TO
A FRIEND PLEASE CONTACT JIM BROZ, SVC MGR
DIRECTLY AT 401-467-3549.

SERVICE & PARTS HOURS
SERVICE
Monday - Friday
7:00 am - Midnight
Saturday
7:00 am - 5:30 pm
PARTS
Monday - Friday
7:00 am - 10:00 pm
Saturday
8:00 am - 4:00 pm

THIS IS YOUR ONLY INVOICE
1. Colony shall have been a security interest, pursuant to the Rhode Island Uniform Commercial Code, and an express mechanic's lien on the truck to secure payment of the charges hereby authorized, and it is agreed that the interruption of Colony's possession of the vehicle for any reason will not defeat that mechanic's lien. 2. Colony has the right to charge reasonable attorney's fees necessary for collections. 3. Colony shall not be responsible for any delay caused by unavailability of parts or delays in parts shipments by the supplier or transporter. 4. Colony shall not be liable for any consequential damages, damages to property, damages for loss of use, loss of time, loss of profits, or income, or any other incidental damages. 5. The Factory Warranty constitutes all of the warranties with respect to the sale of this item. Colony hereby expressly disclaims all warranties, either express or implied including any implied warranty of merchantability or fitness for a particular purpose and Colony rather ass. has not authorized any other person to assume for any liability in connection with the sale of this item. 6. Colony shall not be liable for loss or damage to vehicles or to articles left in them in case of fire, theft or any other cause beyond its control. 7. Storage fees of \$10.00 per day will be charged commencing 48 hours after completion of work. 8. Payment by means other than cash or certified check requires prior approval by Colony.

DESCRIPTION	TOTALS
LABOR AMOUNT	329.40
PARTS AMOUNT	408.15
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC/ENVIRONMENTAL	0.00
TOTAL CHARGES	737.55
DEDUCTIBLE	0.00
SALES TAX	28.57
PLEASE PAY THIS AMOUNT	766.12

X SIGNATURE