

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 119

Date Received

18-FEB-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857191

 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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMCU24X4RUB95994	FORD TRUCK	EXPLORER	1994	

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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN TRAVELING AT HIGHWAY SPEED OVER 40 MPH CONSUMER NOTICED VIBRATION WITHIN FRONT AND REAR END, MAKING IT VERY DIFFICULT TO OPERATE VEHICLE. CONSUMER HAS CONTACTED THE DEALER, DEALER NOTED THAT A TSB WAS ISSUED ON THE SAME PROBLEM. MANUFACTURER AND DEALER REFUSED TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK (SEE)

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.



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DEFECTS INVESTIGATION

Od or

rt dt

od yr

up_tr

Reference No.

857191

OWNER INFORMATION (Type or Print)

591552

Work Num

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES

☐ NO

In the absence of a signature, your name and address to the vehicle manufacturer.

Signature of Owner

Date 3/8/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMCU24X4RUB95994		FORD TRUCK	EXPLORER	1994	91,000
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo	☐ Diesel
☒ New ☒ Used	Burdick Ford		4.0	☒ Gas	☐ Fuel Injection
City/Central State NY		Zip Code	13036	No Cylinders	6
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☒ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
					☒ Sport Ut ☐ Truck ☐ Motorcycle
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location ☒ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ No
	DEALER KNOWS THE PROBLEM AND CAN FIX IT FOR 9/200-9/1,500		

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
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OFFICE
DEFECTS INVESTIGATION

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OWNER INFORMATION (Type or Print)

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Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of a

Signature and address to the vehicle manufacturer.

Signature of Owner

Date 3/8/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FMCU24X4RUB95994
Vehicle Make FORD TRUCK
Vehicle Model EXPLORER
Vehicle Year 1994
Current Odometer Reading 91,000

Purchase Date

Dealer's Name Burdick Ford

Engine Size

(CID/CC/L) 4.0

No Cylinders 6

☐ Turbo
☒ Diesel
☒ Gas
☐ Fuel Injection

☒ New ☒ UsedCity Central Silver State NY Zip Code 13036

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

Body Style

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000 Part Name(s) SUSPENSION Location ☒ Left ☒ Right ☒ Front ☒ Rear Failed Part(s) ☒ Original ☐ Replacement
Dealer runs the problem and can fix it
No of Failures Date(s) of Failure(s) For 91,200 - 91,500 Mileage at Failure(s) Vehicle Speed at Failure(s)
Failed Part(s) Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☐ 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

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