

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 241

Date Received

28-APR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

861108

 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>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1T8HN3B18V1143256 | THOMAS | MVP-EF | 1997 | |

| | | | |
|---|---------------------------------------|-----------------------------|--|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|--|---|---|--|--|--|---|
| Transmission Type <input 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <input type="checkbox"/> 2-Point Belt | Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other |
|--|---|---|--|--|--|---|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------------------|---|--|---|
| Component Q3241000 13230000 | Part Name(s) BRAKES:HYDRAULIC;LINES:METALLIC STRUCTURE:BUMPER ASSEMBLY;GUARDS | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|-----------------------------------|---|--|---|

| | | | |
|-----------------|-----------------------------------|--|--|
| No. of Failures | Date(s) of Failure(s) 16-APR-2000 | Failed Part(s) Available? | NHTSA Previously Contacted? |
| | Mileage at Failure(s) 36600 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vehicle Speed at Failure(s) | | |

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)

METAL GUARDS ON HEADLIGHTS ARE RUBBING AGAINST BRAKE LINE, WHICH COULD WEAR THROUGH AND CAUSE A POSSIBLE LEAK, AND A LOSS OF BRAKING. *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.

| | | |
|--|---|---|
|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | <p>DOT Auto Safety Hotline</p> <h2 style="margin: 0;">Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p>FOR AGENCY USE ONLY 241</p> <p>RECEIVED 00 JUN -5 PM 12:09 28-APR-2000 OFFICE OF SAFETY INVESTIGATION</p> <p>Date Received: _____ Office Reference No.: 861108</p> <p>Work Number: _____ Home Number: _____</p> |
|--|---|---|

OWNER INFORMATION (Type or Print)

Signature of Owner: _____
Date: 5/9/00

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

Signature of Dealer: _____ Date: 5/9/00

VEHICLE INFORMATION

| | | | | |
|--|-------------------------------|--------------------------------|-----------------------------|--|
| Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1T8HN3B18V1143256 | Vehicle Make THOMAS | Vehicle Model MVP-EF | Vehicle Year 1997 | Current Odometer Reading 56890 |
|--|-------------------------------|--------------------------------|-----------------------------|--|

| | | | |
|---|--|-------------------------------------|---|
| Purchase Date <u>6/96</u> | Dealer's Name <u>Pender Equipment Co.</u> | Engine Size (CID/CYL) <u>5.9</u> | <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City <u>Litchfield</u> State <u>IL</u> Zip Code <u>62056</u> | No Cylinders <u>6</u> | |

| | | | | | | |
|---|---|--|--|---|--|---|
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | 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 type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other <u>Bus</u> | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>Bus</u> |
|---|---|--|--|---|--|---|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---|--|--|--|
| Component 03241000 13230000 | Part Name(s) BRAKES:HYDRAULIC;LINES:METALLIC STRUCTURE:BUMPER ASSEMBLY:GUARDS <u>Headlight</u> | Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
|---|--|--|--|

| | | | |
|----------------|--|--|--|
| No of Failures | Date(s) of Failure(s) <u>18-APR-2000</u> | Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Mileage at Failure(s) <u>56000</u> | | |
| | Vehicle Speed at Failure(s) _____ | | |

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>0</u> | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|---------------------------------------|---|

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

METAL GUARDS ON HEADLIGHTS ARE RUBBING AGAINST BRAKE LINE, WHICH COULD WEAR THROUGH AND CAUSE A POSSIBLE LEAK, AND A LOSS OF BRAKING. *AK

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