

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

333

Date Received

05-MAY-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

861494

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
1FTNX21FXEC03346	FORD TRUCK	F250	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side 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 type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT A	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) 11-APR-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 4000	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input 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)

WHILE DRIVING ON THE HIGHWAY IN THE RAIN PULLING A 30' CAMPER FOOT AIR STREAM, ANOTHER VEHICLE IN FRONT LOST CONTROL, CAME ACROSS THE MEDIAN, SPINNING/STRUCK THE CONSUMER'S VEHICLE. UPON IMPACT, NEITHER AIRBAG DEPLOYED. CONTACTED MANUFACTURER AND DEALER, THEY WERE NOT ABLE TO HELP. *AK

CONTINUED 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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 333 Date Received _____ 05 MAY 22 PM 12:52 05 MAY 2000 OFFICE OF INVESTIGATION Reference No. 861494	
OWNER INFORMATION (Type or Print)		Work Number _____	
[Redacted]		Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorized representative, NHTSA will provide a copy of the report to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner _____		Date <u>1/1</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1FTNX21FXECC03346	FORD TRUCK	F250	2000
Current Odometer Reading	4500		
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
1/18/00	McDonnell Ford	V8	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Ferryville</u> State <u>Mo</u> Zip Code <u>63775</u>	No Cylinders <u>8</u>	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
12111009	INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	11-APR-2000 4000 Vehicle Speed at Failure(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3	1
Estimated Property Damage		Reported to Police	
unknown 20,000 +/- plus		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING ON THE HIGHWAY IN THE RAIN PULLING A 30' CAMPER FOOT AIR STREAM, ANOTHER VEHICLE IN FRONT LOST CONTROL, CAME ACROSS THE MEDIAN, SPINNING/STRUCK THE CONSUMER'S VEHICLE. UPON IMPACT, NEITHER AIRBAG DEPLOYED. CONTACTED MANUFACTURER AND DEALER, THEY WERE NOT ABLE TO HELP. *AK			
CONTINUE ON BACK IF NEEDED			
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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. *

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I was going East on Hwy 412 toward Jackson TN. man going West come from Clark Lane across his passing lane, across media, across East bound passing lane as struck my truck in Clark Lane going East. I was going about 60 miles per hr. it looked like he was going about the same, did \$13,000⁰⁰ to my truck & about 6,000⁰⁰ to my trailer
 Right or left Air Bag did not work.

☆ U.S. G.P.O.: 1992 - 625-827 / 60086

U.S. Department
of Transportation
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Traffic Safety
Administration**

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

Official Business
Penalty for Private Use \$300



NO POSTAGE
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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
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

