

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

197

Date Received

12-JUN-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

863420

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
1FTEF15N1TNA20599	FORD TRUCK	F150	1996	

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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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 checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inflator	<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 Util Truck Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck Other _____

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
13100000	STRUCTURE:FRAME:MEMBERS AND BODY	<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?	NHTSA Previously Contacted?
0	12-JUN-2000	09500	0	<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	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

EACH TIME WHEN MAKING A TURN IT SOUNDS LIKE A POPPING NOISE COMING FROM THE FRAME THAT IS FALLING APART. \*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 <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 197</p> <p>Date Received <u>12 JUN 2000</u> 00 JUL -7 AM 12 JUN 2000 OFFICE DEFECTS INVESTIGATION</p>		<p>Od. or st. dt. _____ Od. ft. _____ up. ltr. _____</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Reference No. <b>863420</b></p>		<p>Work _____ Home _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an _____ provide your name and address to the vehicle manufacturer.</p>				<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Date <u>7/1/00</u></p>	
<p>Signature of Owner _____</p>				<p>Signature of Manufacturer _____</p>			
<p align="center"><b>VEHICLE INFORMATION</b></p>							
<p>Vehicle Ident. No. (VIN.) (located at bottom of windshield on driver's side) <b>1FTEF15N1TNA20589</b></p>		<p>Vehicle Make <b>FORD TRUCK</b></p>		<p>Vehicle Model <b>F150</b></p>		<p>Vehicle Year <b>1996</b></p>	
<p>Current Odometer Reading <b>90,100</b></p>		<p>Purchase Date <b>7/97</b></p>		<p>Dealer's Name <u>CAR MAX</u></p>		<p>Engine Size (CID/CC/L) <u>302</u></p>	
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>City <u>Worcester</u> State <u>CA</u> Zip Code _____</p>		<p>No Cylinders <u>8</u></p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injector</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>		<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Body Style <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>		<p>Other _____</p>	
<p align="center"><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>							
<p>Component <b>13100000</b></p>		<p>Part Name(s) <b>STRUCTURE:FRAME:MEMBERS AND BODY</b></p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No of Failures <b>0</b></p>		<p>Date(s) of Failure(s) <u>12-JUN-2000</u> Mileage at Failure(s) <u>89500</u> Vehicle Speed at Failure(s) <u>0</u></p>		<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p align="center"><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>File? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured <b>0</b></p>		<p>Number of Fatalities <b>0</b></p>	
<p>Estimated Property Damage</p>		<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>					
<p align="center"><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>							
<p><b>EACH TIME WHEN MAKING A TURN IT SOUNDS LIKE A POPPING NOISE COMING FROM THE FRAME THAT IS FALLING APART. *AK</b></p>							
<p align="right">CONTINUE ON BACK IF NEEDED</p>							
<p>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.</p>							