Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National 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 117	
Date Received: 14-JUL-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 865446

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTRX08L5XKC03238	FORD TRUCK	F250	1999	

Purchase Date: ☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection ☐

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☒ Manual ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02120000	SUSPENSION:INDEPENDENT FRONT SHOCK ABSORBER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ 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?
3	1 40	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0			☐ Yes ☒ No

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

FRONT END SHOCKS KEPT COMING LOOSE. VEHICLE WOULD VIBRATE BADLY WHEN THIS HAPPENED. TOOK VEHICLE BACK TO DEALER & MECHANIC REPAIRED THE SHOCKS. CURRENTLY, PROBLEM WITH THE SHOCKS HAS REAPPEARED FOR THE THIRD TIME.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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00 SEP -7 PM 2:38
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 117

Date Received
14-JUL-2000

Od_er
rl_dt
od_rt
up_ltr

Reference No.
865446

OWNER INFORMATION (Type or Print)

[redacted] 620651

Work Numbe [redacted]
Home Numbe

Do you authorize [redacted] to release your name to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] please provide your name and address to the vehicle manufacturer.

Signature of Owne [redacted] Date 8-24-00

VEHICLE INFORMATION

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1FTRX08L5XKC03238	FORD TRUCK	~~F250~~ F-150	1999	

Purchase Date 9-17-99 ☒ New ☐ Used

Dealer's Name Hillard Auto Park
City Fort Worth State TX Zip Code 76109

Engine Size (CID/CC/L ____ No Cylinders ____
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☒ Manual ☒ Automatic	☒ Yes ☒ No	☒ 3-Point Belt ☒ Driverside Airbag ☒ Passengerside Airbag ☐ Motorbelt ☒ 2-Point Belt	☒ Yes ☐ No	☐ Front ☒ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Ut ☒ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other

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No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
3	Date(s) of Failure(s) ____ Mileage at Failure(s) 1 Vehicle Speed at Failure(s) 40	☒ Yes ☐ No	☒ Yes ☐ No

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