

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

117

Date Received

14-JUL-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

865446

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 front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTRX08L5XKC03238	FORD TRUCK	F250	1999	

Purchase Date	Dealer's Name	Engine Size (CID/CCL)	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No. Cylinders	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02120000	Part Name(s) SUSPENSION:INDEPENDENT FRONT SHOCK ABSORBER	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures 3	Dates of Failure(s) Mileage at Failure(s) 1 Vehicle Speed at Failure(s) 40	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 0	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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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

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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SEP - 7 PM 2:38
14-JUL-2000OFFICE
DEFECTS INVESTIGATION

Od_or _____
ri_dt _____
od_rt _____
up_itr _____

Reference No.

865446

OWNER INFORMATION (Type or Print)

620661

Work Number

Home Number

Do you authorize NHTSA to contact the manufacturer of your vehicle?
In the absence of _____ provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 8/24/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FTRX08L5XKC03238
Vehicle Make FORD TRUCK
Vehicle Model F250 F-150
Vehicle Year 1999
Current Odometer Reading

Purchase Date
9-17-99

Dealer's Name Hillard Auto Park

City Foxworth TX State TX Zip Code 76049

Engine Size (CID/GC/L)

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection

No Cylinders

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 ☐ Sport Ut
☐ Van ☒ Truck ☐ Motorcycle
☐ Minivan ☐ Other
Body Style ☐ 2-Door
☐ 4-Door
☒ Stationwagon
☐ Pick Up Truck
☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02120000
Part Name(s) SUSPENSION:INDEPENDENT FRONT SHOCK ABSORBER
Location ☐ Left ☒ Right
☒ Front ☐ Rear
Failed Part(s) ☒ Original
☒ Replacement
No of Failures 3
Date(s) of Failure(s)
Mileage at Failure(s) 1
Vehicle Speed at Failure(s) 40
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 0
Number of Fatalities 0
Estimated Property Damage 0
Reported to Police ☐ Yes ☒ No

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