

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 118

Date Received

18-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

865614

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
2FALP71W5TX140111	FORD	CROWN VICTOR	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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" 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	Sport Utility Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
01223000 02130000	STEERING:POWER:SHAFT PITMAN SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T	<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) 06-JUN-1999	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 135000	<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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT HIGHWAY SPEEDS, MAKING A TURN ON A SMOOTH CURVE, VEHICLE JUST STRAIGHTENED OUT UNEXPECTEDLY. PITMAN ARM AND CONTROL ARM WERE RELACED AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION.*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.

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OWNER INFORMATION (Type or Print)

621355

Work Number

865614

BEEFECTS INVESTIGATION No.

18-JUL-2000

00 SEP 18 P 3:25

Date Received

FOR AGENCY USE ONLY 118

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OFFICE

BEFECTS INVESTIGATION

865614

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

YES NO

In the absence of an authorized signature, please print the name and address to the vehicle manufacturer.

Date 8/1/00

Signature of Owner

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

2FALP71W5TX140111

Vehicle Make FORD

Vehicle Model CROWN VICTORY

Vehicle Year 1996

Current Odometer Reading

Purchase Date

Dealer's Name

City

State

Zip Code

Engine Size (cid/cc)

4.6

No Cylinders 8

Fuel Injection

Turbo

Diesel

Gas

Body Style

2-Door

4-Door

Stationwagon

Pick Up Truck

Other

Transmission Type

Manual

Automatic

Articlock Brakes

Yes

No

Restraint System

3-Point Belt

Motorized

2-Point Belt

Cruse Control

Yes

No

Drive Train

Front

Rear

2-Wheel

Vehicle Type

Car

Van

Truck

Sport UR

Motorcycle

Other

Failed Part(s)

Original

Replacement

Location

Left

Right

Failed Part(s)

Available?

Yes

No

Failed Part(s)

Available?

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Failed Part(s)

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