

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

130

Date Received

27-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

866110

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
	FORD	PROBE	1990	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input 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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> 2-Point Belt				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000	Part Name(s) INTERIOR SYSTEMS;PASSIVE RESTRAINT;BELTS	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) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

SHOULDER BELTS KEEP GETTING JAMMED IN THE AUTOMATIC RAIL ON BOTH DRIVER'S AND PASSENGER'S SIDES, CAUSING LOSS OF PROTECTION. *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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Reference No.

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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
	FORD	PROBE	1990	

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Intolubell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000	Part Name(s) INTERIOR SYSTEMS;PASSIVE RESTRAINT;BELTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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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)

SHOULDER BELTS KEEP GETTING JAMMED IN THE AUTOMATIC RAIL ON BOTH DRIVER'S AND PASSENGER'S SIDES, CAUSING LOSS OF PROTECTION. *AK

CONTINUED ON BACK IF NEEDED

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CONTINUE ON BACK IF NEEDED

SHOULDER BELTS KEEP GETTING JAMMED IN THE AUTOMATIC RAIL ON BOTH DRIVERS AND PASSENGER'S SIDES, CAUSING LOSS OF PROTECTION. *AK

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

Crash	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fire	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured	0	Number of Failures	0	Estimated Property Damage	0	Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

Component	12130000	Interior Systems: Passive Restraints: Belts
Part Name(s)		
No. of Failures	3	
Date(s) of Failure(s)	7/00, 4/99, 2/98	
Mileage at Failure(s)	15000, 120,000, 95,000	AK REPORT
Vehicle speed at Failure(s)	5/18	
Failed Part(s)	Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
NHTSA Previously Contacted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location	Front <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/>	
Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>	

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	Automatic <input type="checkbox"/> Manual <input checked="" type="checkbox"/>
Articulation Brakes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Restraint System	3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/>
Cruise Control	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Drive Train	Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>
Vehicle Type	Car <input checked="" type="checkbox"/> Spot Util. <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Van <input type="checkbox"/> Other <input type="checkbox"/>
Body Style	2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>

Purchase Date	5/97	Used <input checked="" type="checkbox"/> New <input type="checkbox"/>
Dealer's Name	Rochester Auto Collection	City Rochester State NY Zip code
Engine Size (CID/COIL)	2.2L	No Cylinders 4
Turbo	<input checked="" type="checkbox"/>	Fuel Injection <input checked="" type="checkbox"/>
Vehicle Make	FORD	Vehicle Model
Vehicle Year	1990	Current Odometer Reading
Vehicle ID# (VIN)	1ZVP7AAL4L5A781V	

VEHICLE INFORMATION

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: 8/10/00

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Vehicle Owner's Questionnaire (VOQ)	
623348	
866110	
09 AUG 15 PM 2:50	
27-JUL-2000	
OFFICE	
EFFECTS INVESTIGATION	
Reference No.	
Date Received	
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