

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

125

Date Received

02-AUG-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

866593

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 windshield or driver's side)	Vehicle Make FORD TRUCK	Vehicle Model WINDSTAR	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size _____ (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ 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

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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS INVOLVED IN A COLLISION IN WHICH VEHICLE FLIPPED AND CRASHED INTO A TREE. SEAT BELT BUCKLE ON THE PASSENGER'S SIDE BENCH SEAT BROKE, CAUSING CHILD AND INFANT SEAT TO BE THROWN TO THE FLOOR. PLEASE GIVE ANY FURTHER DETAILS.*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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FOR AGENCY USE ONLY 125

Date Received

00 AUG 28 PM 4:12
02-AUG-2000OFFICE
DEFECTS INVESTIGATION
 Od_or _____
 A_dt _____
 od_r1 _____
 up_hr _____

Reference No.

866593

OWNER INFORMATION (Type or Print)

624435

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
in the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.

☒ YES☐ NO

Signature of Owner

Date 8/15/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 2FM2A514R WBC23579	Vehicle Make FORD TRUCK	Vehicle Model WINDSTAR	Vehicle Year 1998	Current Odometer Reading
Purchase Date 12/8/97	Dealer's Name Radford Ford		Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☒ Used	City Radford	State VA	Zip Code 24141	No Cylinders
Transmission Type ☒ Manual ☐ Automatic	AntiLock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Motorbelt ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☒ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☒ Van ☐ Minivan ☐ Other		Body Style ☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 7/29/00 Mileage at Failure(s) 40-45 mph Vehicle Speed at Failure(s) approx. 45,000	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	Number of Fatalities	Estimated Property Damage	Reported to Police ☒ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS INVOLVED IN A COLLISION IN WHICH VEHICLE FLIPPED AND CRASHED INTO A TREE. SEAT BELT BUCKLE ON THE PASSENGER'S SIDE BENCH SEAT BROKE, CAUSING CHILD AND INFANT SEAT TO BE THROWN TO THE FLOOR. PLEASE GIVE ANY FURTHER DETAILS.*AK

Vehicle did not flip - vehicle hit water & spun.

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OWNER INFORMATION (Type or Print) 624435				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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date _____					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Lasted at bottom of windshield on driver's side)		Vehicle Make FORD TRUCK	Vehicle Model WINDSTAR	Vehicle Year 1998	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CCA) _____ No Cylinders _____ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection		
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Diverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☒ Van ☐ Minivan ☐ Other ☐ Sport Util ☐ Truck ☐ Motorcycle
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES		Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ 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	
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
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