

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

558

Date Received

22-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

868363

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 between of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMRU15LXYLC23155	FORD TRUCK	EXPEDITION	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	☐ 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 ☐ Sport Utl ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01200000	Part Name(s) STEERING GEAR BOX	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Dates of Failure(s) 20-AUG-2000 Mileage at Failure(s) 1500 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 STATES THAT WHILE DRIVING THE VEHICLE, THE 3 BOLTS THAT HOLD THE STEERING GEAR BOX CAME APART. TWO BOLTS MADE A LOUD NOISE AND BROKE, AS THE CONSUMER WAS TRYING TO KEEP CONTROL OF THE VEHICLE THE 3RD BOLT CAME FLYING OFF. THE CONSUMER HAD NO CONTROL OF THE VEHICLE, IT WAS TOWED TO DEALERSHIP. DEALER HAS NO ANSWER AND OFFERED A REPLACEMENT VEHICLE TO THE CONSUMER.

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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00 SEP 14 PM 12:
22-AUG-2000

OFFICE
EFFECTS INVESTIGATION

Od_or

rd_dt

od_rt

up_itr

Reference No.

868363

Work Number

Home Num

OWNER INFORMATION (Type or Print)

629438

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

In the absence of _____ and address to the vehicle manufacturer.

Signature of Owner

☒ YES

☐ NO

Date 9/6/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on drivers side)

1FMRU16LXYLC23155

Vehicle Make

FORD TRUCK

Vehicle Model

EXPEDITION

Vehicle Year

2000

Current Odometer Reading

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

☐ Motorbelt

☐ Driverside Airbag

☒ 2-Point Belt

☐ Passengerside Airbag

Cruise Control

☐ Yes

☒ No

Drive Train

☐ Front

☒ Rear

☐ 4-Wheel

Vehicle Type

☐ Car

☒ Van

☐ Minivan

☐ Other

☒ Sport Ut

☐ Truck

☐ Motorcycle

Body Style

☐ 2-Door

☒ 4-Door

☐ Stationwagon

☐ Pick Up Truck

☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
01200000

Part Name(s)
STEERING:GEAR BOX

Location

☐ Left

☐ Front

☐ Right

☐ Rear

Failed Part(s)

☒ Original

☐ Replacement

No of Failures

Date(s) of Failure(s) 20-AUG-2000

Mileage at Failure(s) 1500

Vehicle Speed at Failure(s) 15 mph

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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