

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

21-SEP-2000

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od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

871181

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
1FTEF14Y2SNB55648	FORD TRUCK	F150	1995	

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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" 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 Util Truck Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck Other _____

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	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 1	Date(s) of Failure(s) 08-SEP-2000	Mileage at Failure(s) 80	Vehicle Speed at Failure(s) 50	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 0	Number of Fatalities 0	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)

THE ORIGINAL BRAKES ON THE VEHICLE FAILED TO WORK AFTER BEING APPLIED. THE BRAKE PEDAL WENT TO THE FLOOR WITHOUT WARNING. OWNER CHECKED THE BRAKES. NOTICED THE BRAKE PAD LINING HAD SEPARATED FROM THE METAL BACKING PLATE & HAD FALLEN OFF. THE BRAKE PADS STILL HAD 1/4IN OF PAD LEFT ON EACH BRAKE. THE BRAKE PISTON HAD WENT OUT DUE TO NOTHING TO PUSH AGAINST. ABS BRAKES ARE ON THE REAR BRAKES.

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)		Date Received <u>08 SEP 17 PM 21-SEP-2000</u>		Office <u>OFFICE OF SAFETY INVESTIGATION</u>	
[Redacted] 640802		Reference No. <u>871181</u>		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.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]		Date <u>01/21/03</u>			
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1FTEF14Y2SNB55648</u>		Vehicle Make <u>FORD TRUCK</u>	Vehicle Model <u>F150</u>	Vehicle Year <u>1995</u>	Current Odometer Reading <u>82,145</u>
Purchase Date <u>6-29-95</u>	Dealer's Name <u>METRO FORD</u>		Engine Size <u>300</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	No. Cylinders <u>6</u>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Schenectady</u> State <u>NY</u> Zip Code _____		Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag
Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	<u>Pick-up</u>	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>03250000</u> <u>03272000</u> <u>03233000</u>	Part Name(s) <u>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</u> <u>BRAKES:HYDRAULIC:DISC PADS AND SHOES</u> <u>BRAKES:HYDRAULIC:MASTER CYLINDER:PISTONS:CLIPS:SPRING</u>		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures <u>1</u>	Date(s) of Failure(s) <u>08 SEP-2000</u>		Mileage at Failure(s) <u>80</u> <u>50,746</u>	Vehicle Speed at Failure(s) <u>80</u> <u>35 mph</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
ORIGINAL BRAKES ON VEHICLE FAILED TO WORK AFTER BEING APPLIED. BRAKE PEDAL WENT TO THE FLOOR WITHOUT WARNING. OWNER CHECKED BRAKES, AND NOTICED BRAKE PAD LINING HAD SEPARATED FROM METAL BACKING PLATE & HAD FALLEN OFF. BRAKE PADS STILL HAD 1/4IN OF PAD LEFT ON EACH BRAKE. BRAKE PISTON WENT OUT DUE TO NOTHING TO PUSH AGAINST. ABS BRAKES ARE ON THE REAR BRAKES. *AK					
CONTINUE ON BACK IF NEEDED					
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