

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 156

Data Received

18-OCT-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

873238

Work Number 3024795900

Home Number 3024784668

## OWNER INFORMATION (Type or Print)

 MARC UHDE 647671  
 3025 MAPLE SHADE LANE  
 WILMINGTON DE 19810

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)<br><small>(located at front of windshield on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|----------------------------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| 1FMEU15H5TLA65276                                                                            | FORD TRUCK   | BRONCO        | 1996         |                          |

Purchase Date

Dealer's Name \_\_\_\_\_

Engine Size  
(CID/CC/L \_\_\_\_\_)
☐ Turbo  
☐ Diesel  
☐ Gas  
☐ Fuel Injection
☐ New ☒ Used

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

No. Cylinders \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONALWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                               | <b>FOR AGENCY USE ONLY</b> 156                                                                                                                                                                                                    |                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               | Data Received<br>18 OCT 2000<br>OFFICE INVESTIGATION                                                                                                                                                                              |                                                                                                                                                                                                    |
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                               | Od or _____<br>rt dt _____<br>od rt _____<br>up tr _____                                                                                                                                                                          |                                                                                                                                                                                                    |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted]    647671                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                               | <b>Reference No.</b><br>873238                                                                                                                                                                                                    |                                                                                                                                                                                                    |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorized signature, please provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                               |                                                                                                                                                                                                    |
| Signature of Owner _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                               | Date 10/27/00                                                                                                                                                                                                                     |                                                                                                                                                                                                    |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)<br>1FMEU15H5TLA65276                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Vehicle Make<br>FORD TRUCK                                                                                                                                                                                                                                    | Vehicle Model<br>BRONCO                                                                                                                                                                                                           | Vehicle Year<br>1996                                                                                                                                                                               |
| Current Odometer Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dealer's Name _____<br>City _____ State _____ Zip Code _____                                                                                                                                                                                                  |                                                                                                                                                                                                                                   | Engine Size (CID/CC/L) _____<br>No Cylinders _____<br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                     | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                           |
| Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ut<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____            |                                                                                                                                                                                                    |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| Component<br>11208000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Part Name(s)<br>HEATER:EXHAUST MANIFOLD:DEFOGGER REAR-VIEW WINDOW:H                                                                                                                                                                                           |                                                                                                                                                                                                                                   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear                                                           |
| Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| No of Failures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date(s) of Failure(s) 01-SEP-2000<br>Mileage at Failure(s) 62<br>Vehicle Speed at Failure(s) _____                                                                                                                                                            | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                             | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                            |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                   | Number of Persons Injured                                                                                                                                                                                                         | Number of Fatalities                                                                                                                                                                               |
| Estimated Property Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                               | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                         |                                                                                                                                                                                                    |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| WHILE REAR DEFROSTER WAS ON REAR WINDOW SHATTERED INTO SMALL PIECES. DEALER CANNOT DETERMINE THE CAUSE. OCCURRED TWICE. PLEASE PROVIDE FURTHER INFORMATION. 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 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. |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |