

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 137

Date Received

20-OCT-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

873492

 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 drivers side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMDU32X5FVB29282		FORD TRUCK	EXPLORER	1995	
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	Antilock Brakes	Restraint System		Cruise Control	Drive Train
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbell ☒ 2-Point Belt		☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type		Body Style			
☐ Car ☐ Van ☐ Minivan ☐ Other _____		☐ Sport Ult ☐ Truck ☐ Motorcycle ☒ Other _____		☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02190000	Part Name(s) SUSPENSION:INDEPENDENT FRONT TORSION BAR	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 0	Date(s) of Failure(s) 03-OCT-2000 Mileage at Failure(s) 97600 Vehicle Speed at Failure(s) 2	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING COULD FEEL A STRONG MOVEMENT SIDE TO SIDE. FOUND OUT THAT FRONT SWAY BAR WAS BROKEN, AND VEHICLE WAS TAKEN TO DEALER AND REPAIRED. *AK

CONTINUED ON BACK (REVERSE)

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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 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	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMDU32X5FVB29282	FORD TRUCK	EXPLORER	1995	

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 ☐ Motorbell ☒ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02190000	Part Name(s) SUSPENSION:INDEPENDENT FRONT TORSION BAR	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 0	Date(s) of Failure(s) 03-OCT-2000 Mileage at Failure(s) 97600 Vehicle Speed at Failure(s) 2	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING COULD FEEL A STRONG MOVEMENT SIDE TO SIDE. FOUND OUT THAT FRONT SWAY BAR WAS BROKEN, AND VEHICLE WAS TAKEN TO DEALER AND REPAIRED. *AK

CONTINUED ON BACK (REVERSE)

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 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-327-4236 NATIONWIDE 1-888-DASH-2-DOT		Vehicle Owner's Questionnaire (VOQ) Date Received: <u>20-OCT-2000</u> Reference No. <u>873492</u>	
FOR AGENCY USE ONLY 19/		Date Received: <u>20-OCT-2000</u> Reference No. <u>873492</u>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO		In the absence of an authorized signature, provide your name and address to the vehicle manufacturer. Signature of Owner: _____ Date: <u>10/28/00</u>	
Vehicle Identification Number (VIN) _____ (If located on rear of vehicle, provide on reverse side)		Vehicle Make <u>FORD TRUCK</u> Vehicle Model <u>EXPLORER</u> Vehicle Year <u>1996</u> Current Odometer Reading _____	
Purchase Date _____ ☐ New ☒ Used		Dealer's Name _____ City _____ State _____ Zip Code _____ Engine Size _____ (CID/CCL) _____ No. Cylinders <u>5/4</u> ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
Transmission Type ☒ Automatic ☐ Manual Antilock Brakes ☐ Yes ☒ No Restraint System ☐ 3-Point Belt ☒ Driver's Side Airbag ☒ Passenger's Side Airbag		Cruise Control ☒ Yes ☐ No Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	
Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☒ Sport Utility ☐ Truck ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☒ Other _____		Location ☒ Front ☐ Left ☐ Right ☐ Rear Failed Part(s) ☒ Original ☐ Replacement	
Component <u>02190000</u> Part Name(s) <u>SUSPENSION; INDEPENDENT FRONT TORSION BAR</u>		No. of Failures <u>1</u> Date(s) of Failure(s) <u>03-OCT-2000</u> Mileage at Failure(s) <u>97800</u> Vehicle Speed at Failure(s) _____	
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 In _____ Yes ☐ No ☒	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE DRIVING COULD FEEL A STRONG MOVEMENT SIDE TO SIDE, FOUND OUT THAT FRONT SWAY BAR WAS BROKEN, AND VEHICLE WAS TAKEN TO DEALER AND REPAIRED. *AK			
CONTINUE ON BACK IF NEEDED			

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800 424-9393

BOONE FORD SALES, INC.

PARTS & SERVICE
 3121 PACIFIC • EXIT 107 ON I-5
 OLYMPIA, WASHINGTON 98501
 BUSINESS (360) 943-9300
 TACOMA (253) 572-3755
 www.booneford.com



39065	TOM CROW	441	040	03/15/00	FOC57587
ADVISOR	LABOR RATE	039HWF	097,801	COACH	INVOICE NO.
YEAR / MAKE / MODEL	VEHICLE ID NO.	95/FORD TRUCK/EXPLORER/4 DOOR UTILITY			
DELIVERY MILES	OFF-WEB DATE	01/01/98			
STOCK NO.	0				
INVOICE DATE	03/15/00	03/15/00			

LABOR & PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	F772-S495-AA	STUD-STAB LINK	18.99
JOB # 1	1	F772-SC491-AA	NUT-FRT STAB B	8.99
JOB # 1	1	F772-SK483-AA	LNK ASY-STAB B	10.99
JOB # 1 TOTAL PARTS				38.97
JOB # 1 TOTAL LABOR & PARTS				73.97
J# 2 00F02601			OIL CHANGE	13.10
			COMPLETE OIL CHANGE AND CHECK FLUIDS	
			TECH(S):B41	
J# 3 00F02606			INSPECT FRONT BRAKES	0.00
			INSPECT FRONT BRAKES FOR OPERATION AND WEAR ISSUES	
			COMPLETE FRONT BRAKE INSPECTION COMPLETE	
			TECH(S):B41	
JOB # 2	1	FL-1-A	FILTER-ASY OIL	10.50
JOB # 2			2 TOTAL PARTS	10.50
JOB # 2			2 TOTAL LABOR & PARTS	23.60
J# 3 00F02606			INSPECT FRONT BRAKES	0.00
			INSPECT FRONT BRAKES FOR OPERATION AND WEAR ISSUES	
			COMPLETE FRONT BRAKE INSPECTION COMPLETE	
			TECH(S):B41	
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JOB # 2	1	FL-1-A		