



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 758

Date Received

01-DEC-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

875845

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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMFU18L5VLA86071	FORD TRUCK	EXPEDITION	1997	

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

Component 02112000	Part Name(s) SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 60000 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)

VEHICLE HAD BEEN VIBRATING AT SPEEDS OVER 60 MPH, LEFT FRONT BOLT IN STABILIZER BAR WAS BROKEN. REPLACED BOLT, AND VIBRATING STOPPED. ALSO, VEHICLE SEEMED TO BE MORE STABLE WHEN WINDY. *AK

CONTINUED ON BACK (SEE)

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.



U.S. Department
of Transportation
National 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 758

Date Received

01-DEC-2000

OFFICE
DEFECTS INVESTIGATION

Od or
rt or
od rt
up_ltr

Reference No.

875845

OWNER INFORMATION (Type or Print)

58713

Work Num

Home Num

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 1/24/01

VEHICLE INFORMATION

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

1FMFU18L5VLA86071

Vehicle Make

FORD TRUCK

Vehicle Model

EXPEDITION

Vehicle Year

1997

Current Odometer Reading

63201

Purchase Date

12-10-99

Dealer's Name

MOORE CADILLAC CO.

Engine Size

(CID/CC) 5.4

☐ Turbo☐ Diesel☐ Gas☒ Fuel Injection☐ New ☒ Used

City

Richmond

State

VA

Zip Code

23294

No Cylinders

8

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
02112000

Part Name(s)

SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:6

Location

☒ Left☒ Front☐ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

1

Date(s) of Failure(s)

01-SEP-2000

Mileage at Failure(s)

80000

Vehicle Speed at Failure(s)

UNK

Failed Part(s)
Available?☐ Yes ☒ NoNHTSA 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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CONTINUE ON BACK IF NEEDED

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