



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY** 17

Date Received: 21-DEC-2000

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

Reference No. 876923

Work Number \_\_\_\_\_  
 Home Number \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

662847

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 bottom of windshield or driver's side) 1FTRE1425YHA45975  
 Vehicle Mak FORD TRUCK  
 Vehicle Model E150  
 Vehicle Year 2000  
 Current Odometer Reading \_\_\_\_\_

Purchase Date \_\_\_\_\_ Dealer's Name \_\_\_\_\_  
 New  Used City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Engine Size (CID/CC/L) \_\_\_\_\_ No. Cylinders \_\_\_\_\_  
 Turbo  Diesel  Gas  Fuel Injectio

Transmission Type  Manual  Automatic  
 Antilock Brakes  Yes  No  
 Restraint System  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Bel  Passengerside Airbag  
 Cruise Control  Yes  No  
 Drive Train  Front  Rear  4-Wheel  
 Vehicle Type  Car  Sport UT  Van  Truck  Motorcycle  Minivan  Other  
 Body Style  2-Door  4-Door  Stationwagon  Pick Up  Truck

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

Component 02100000 03270000  
 Part Name(s) SUSPENSION:INDEPENDENT FRONT BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM  
 Location  Left  Right  Front  Rear  
 Failed Part(s)  Original  Replacement

No of Failures \_\_\_\_\_ Date(s) of Failure(s) 12-APR-2000  
 Mileage at Failure(s) 4  
 Vehicle Speed at Failure(s) \_\_\_\_\_  
 Failed Part(s)  Yes  No  
 NHTSA Previously  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 Fatalitie \_\_\_\_\_  
 Estimated Property Damag \_\_\_\_\_  
 Reported to Polic  Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

WOULD BE DRIVING VEHICLE 50MPH OR SO WHEN VEHICLE STARTED TO SHAKE/VIBRATE. IT WOULD THEN DRIFT LEFT OR RIGHT. VEHICLE WAS HARD TO CONTROL. STEERING WHEEL WOULD SHAKE AT HIGHER SPEEDS. HAD TAKEN VEHICLE TO DEALERSHIP MANY TIMES FOR PROBLEM, BUT MECHANIC COULD NT RESOLVE THE DRIFTING. \*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 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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 117</p> <p>Date Received: <u>DEC 21 2000</u></p> <p>Office: <u>IS INVESTIGATION</u></p> <p>Reference No.: <u>878923</u></p> <p>Work Number: <u>[REDACTED]</u></p> <p>Home Number: <u>[REDACTED]</u></p>
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p><u>[REDACTED]</u> <u>662847</u></p>	<p>Signature of Owner: <u>[REDACTED]</u> Date: <u>01/15/2001</u></p>

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.

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>1FTRE1425YHA45975</u>	Vehicle Make <u>FORD TRUCK</u>	Vehicle Model <u>E150</u>	Vehicle Year <u>2000</u>	Current Odometer Reading		
Purchase Date <u>FEB? 2000</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name <u>DIBIASI FORD</u> City <u>QUEENS</u> State <u>NY</u> Zip Code _____		Engine Size (CID/CC/L) No Cylinders <u>6</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02100000</u> <u>03270000</u>	Part Name(s) <u>SUSPENSION:INDEPENDENT FRONT</u> <u>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</u>	Location <input 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	Date(s) of Failure(s) <u>12-APR-2000</u> Mileage at Failure(s) <u>4</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input 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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**WOULD BE DRIVING VEHICLE 50MPH OR SO WHEN VEHICLE STARTED TO SHAKE/VIBRATE. IT WOULD THEN DRIFT LEFT OR RIGHT. VEHICLE WAS HARD TO CONTROL. STEERING WHEEL WOULD SHAKE AT HIGHER SPEEDS. HAD TAKEN VEHICLE TO DEALERSHIP MANY TIMES FOR PROBLEM, BUT MECHANIC COULD NT RESOLVE THE DRIFTING. \*AK**

1-15-2001

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