Form Approved O.M.B. No. 2127-0008

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 335

Date Received: 27-DEC-2000

Od_or
rt_dt
od_rt
up_ltr

Reference No. 877093

OWNER INFORMATION (Type or Print)

[redacted] 663360

Work Number
Home Numbe [redacted]

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 on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
	FORD TRUCK	F350	1999	

Purchase Date
☐ New ☒ Used

Dealer's Name _____
City State Zip Code _____

Engine Siz (CID/CC/L ____
No Cylinders _____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) 21-DEC-2000 Mileage at Failure(s) 53000 Vehicle Speed at Failure(s) 0	Failed Part(s)	NHTSA Previously
0		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalit e	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ Nc	0	0		☐ Yes ☒ No

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

WHILE TRAVELING ON HIGHWAY, A CAR GOING IN OPPOSITE DIRECTION LOST CONTROL AND CROSSED IN FRONT OF CONSUMER'S VEHICLE. CONSUMER HIT OTHER VEHICLE. UPON IMPACT, AIRBAGS DID NOT DEPLOY. ALSO, BUMPER WAS THROWN OFF FRAME. *AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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

RECEIVED
01 JUN 21 AM 10:32
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 335

Date Received: 27-DEC-2000

Odi_or
rt_dt
od_rt
up_ltr

Reference No.: 877093

OWNER INFORMATION (Type or Print)

[redacted] 563360

OPELIKA AL [redacted]

Work Number
Home Nu[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of a[redacted]ide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 2/19/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FORD TRUCK	F350	1999	53,000

Purchase Date
☐ New ☒ Used

Dealer's Name: Carl Gregory Ford
City: Opelika State: AL Zip Code: 36801

Engine Size (CID/CC/L): 444
No Cylinders: 8
☒ Turbo ☒ Diesel ☐ Gas ☑ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	21-DEC-2000 / 53000 / 50	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0 1	0 1	28,000	☑ Yes ☒ No

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

WHILE TRAVELING ON HIGHWAY, A CAR GOING IN OPPOSITE DIRECTION LOST CONTROL AND CROSSED IN FRONT OF CONSUMER'S VEHICLE. CONSUMER HIT OTHER VEHICLE. UPON IMPACT, AIRBAGS DID NOT DEPLOY. ALSO, BUMPER WAS THROWN OFF FRAME. *AK
Toyota

CONTINUE ON BACK IF NEEDED