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** 197

Date Received: 08-JAN-2001

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od_rt
up_ltr

Reference No.: 877655

## OWNER INFORMATION (Type or Print)

[redacted] 665334

Work Number

Home Number [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 |
|---|---|---|---|---|
| 1FTDR15X4TTA18068 | FORD TRUCK | RANGER | 1996 | |

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<br>☐ Automatic | ☐ Yes<br>☒ No | ☒ 3-Point Belt<br>☐ Driverside Airbag<br>☐ Passengerside Airbag<br>☐ Motorbelt<br>☐ 2-Point Bel | ☐ Yes<br>☒ No | ☐ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car<br>☐ Van<br>☐ Minivan<br>☐ Other<br>☐ Sport Ult<br>☐ Truck<br>☐ Motorcycle | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up<br>☐ Truck |

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

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 02113000 | SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S | ☐ Left ☐ Front ☐ Right ☐ Rear | ☐ Original ☐ Replacement |

| No of Failures | Date(s) of Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| 4 | 08-NOV-2000<br>Mileage at Failure(s) 60000<br>Vehicle Speed at Failure(s) 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 Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | 0 | 0 | | ☐ Yes ☒ No |

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

**CONSUMER MADE AN APPOINTMENT AT DEALER'S TO REPAIR COIL SPRING THAT HAD TO BE ALIGNED. BUT, COULD NOT BE POSSIBLE WHERE CONSUMER HAD TO USE CUPS TO RAISE SPRING AND TRY TO FIX PROBLEM. *AK**

CONTINUE ON BACK IF NEEDED