

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 758

Date Received

09-JAN-2001

Od\_or  
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od\_rt  
up\_ltr

Reference No.

877768

Work Number

Home Number

## OWNER INFORMATION (Type or Print)

665735

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 Make                                  | Vehicle Model                         | Vehicle Year                            | Current Odometer Reading       |
| 2FMDA5147WBA16194                                                           |                                         | FORD TRUCK                                    | WINDSTAR                              | 1998                                    |                                |
| Purchase Date                                                               | Dealer's Name                           |                                               | Engine Size (CID/CC/L)                | <input type="checkbox"/> Turbo          |                                |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used       | City State Zip Code                     |                                               | No Cylinders                          | <input type="checkbox"/> Diesel         |                                |
| Transmission Type                                                           |                                         | Antilock Brakes                               | Restraint System                      | Cruise Control                          | Drive Train                    |
| <input type="checkbox"/> Manual                                             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 3-Point Belt         | <input type="checkbox"/> Motorbelt    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Front |
| <input checked="" type="checkbox"/> Automatic                               | <input type="checkbox"/> No             | <input type="checkbox"/> Driverside Airbag    | <input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> No             | <input type="checkbox"/> Rear  |
|                                                                             |                                         | <input type="checkbox"/> Passengerside Airbag |                                       | <input type="checkbox"/> 4-Wheel        |                                |
| Vehicle Type                                                                |                                         | Body Style                                    |                                       |                                         |                                |
| <input type="checkbox"/> Car                                                |                                         | <input type="checkbox"/> Sport Utility Truck  |                                       | <input type="checkbox"/> 2-Door         |                                |
| <input checked="" type="checkbox"/> Van                                     |                                         | <input type="checkbox"/> Motorcycle           |                                       | <input type="checkbox"/> 4-Door         |                                |
| <input type="checkbox"/> Minivan                                            |                                         |                                               |                                       | <input type="checkbox"/> Stationwagon   |                                |
| <input type="checkbox"/> Other                                              |                                         |                                               |                                       | <input type="checkbox"/> Pick Up Truck  |                                |

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

|                       |                                                                                                 |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>02113000 | Part Name(s)<br>SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S                             | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures        | Date(s) of Failure(s) 05-JAN-2001<br>Mileage at Failure(s) 72000<br>Vehicle Speed at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

LEFT FRONT OF VEHICLE DROPPED TO GROUND. HAD VEHICLE TOWED TO DEALER. FRONT COIL SPRING BROKE. PLEASE ADD ADDITIONAL INFORMATION. \*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.



Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. \*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I contacted Customer Service for Ford. They said they were unaware of any problems with front spring failure.

☆ U.S. G.P.O.: 1992-023-087/02388

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of Transportation

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400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
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Washington, DC 20590

