

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 858

Date Received

10-JAN-2001

Od or
rt_dt
od_rt
up_ltr

Reference No.

877949

Work Number

Home Number

OWNER INFORMATION (Type or Print)

666176

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 INFORMATIONVehicle Ident. No. (VIN.) (Located at bottom of
windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

FILL IN

FORD TRUCK

EXPLORER

1996

Purchase Date

Dealer's Name

Engine Size
(CID/CC/L)☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio☐ New ☒ Used

City State Zip Code

No Cylinders

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☐ Yes☐ 3-Point Belt☐ Motorbelt☐ Yes☐ Front☐ Sport Ult☐ 2-Door☐ Automatic☒ No☐ Driverside Airbag☐ 2-Point Be☒ No☐ Rear☐ Van☐ Truck☐ Stationwagon☐ Passengerside Airbag☐ Minivan☐ Motorcycle☐ Pick Up☒ Truck**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component

Part Name(s)

Location

Failed Part(s)

05150021
12420000ENGINE:GASKETS:VALVE COVER
INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR☐ Left ☐ Right
☐ Front ☐ Rear☐ Original
☐ Replacement

No of Failures

Date(s) of Failure(s) 20-NOV-2000

Mileage at Failure(s) 60

Vehicle Speed at Failure(s)

Failed
Part(s)☐ Yes ☐ NoNHTSA
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

Fire

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

ENGINE CHECK LIGHT CAME ON, AND CONSUMER MADE AN APPOINTMENT, BUT HEAD GASKET BLEWOUT BEFORE APPOINTMENT. *AK

DON'T WRITE 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.

 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 858	
OWNER INFORMATION (Type or Print) [Redacted] 888176		Date Received RECEIVED 10 JAN 2001 Office of Investigations		Od or rt_dt _____ od_rt _____ up_tr _____ Reference No. 877949	
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 <u>1/26/01</u>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) FILL IN <u>1FMDU3H28TUC90334</u>		Vehicle Make FORD TRUCK		Vehicle Model EXPLORER	
Vehicle Year 1996		Current Odometer Reading 61,000			
Purchase Date _____ ☐ New ☒ Used		Dealer's Name <u>Lemo Ford Mercury</u>		Engine Size (CID/CCAL) _____ No Cylinders <u>6</u>	
City <u>Lemois</u> State <u>IA</u> Zip Code _____		☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection			
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 ☒ Sport Utility Vehicle ☐ Van ☐ Truck ☐ Motorcycle ☐ Minivan ☐ Other	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 08150021 12420000		Part Name(s) ENGINE:GASKETS:VALVE COVER INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR		Location ☐ Left ☐ Right ☒ Front ☐ Rear	
Failed Part(s) ☒ Original ☐ Replacement					
No of Failures <u>1</u>		Date(s) of Failure(s) <u>20-NOV-2000</u> Mileage at Failure(s) <u>60</u> 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
ENGINE CHECK LIGHT CAME ON, AND CONSUMER MADE AN APPOINTMENT, BUT HEAD GASKET BLEWOUT BEFORE APPOINTMENT. *AK					
CONTINUE ON BACK IF NEEDED					
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