


| | | | | |
|--|--|--|--|--|
|  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 117 | |
| | Date Received 10-JAN-2001 | | Od_or _____ rt_dt _____ od_rt _____ up_lr _____ | |
| OWNER INFORMATION (Type or Print) [Redacted] 666195 | | | Reference No. 877965 | |
| Work Number [Redacted] | | | 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.) <small>(Located at bottom of windshield on driver's side)</small> | Vehicle Mak | Vehicle Mode | Vehicle Year | Current Odometer Reading |
| 1FTNW21F9YEB77647 | FORD TRUCK | F250 | 2000 | |
| Purchase Date | Dealer's Name _____ | | Engine Siz (CID/CC/L) | <input type="checkbox"/> Turbo |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ | State _____ | No Cylinders _____ | <input type="checkbox"/> Diesel |
| | | Zip Code _____ | | <input type="checkbox"/> Gas |
| | | | | <input type="checkbox"/> Fuel Injectio |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| | | | | Vehicle Type |
| | | | | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ |
| | | | | Body Style |
| | | | | <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |


| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|---|--|--|--|
| Component | Part Name(s) | Location | Failed Part(s) |
| 03273000 08210000 02100000 | BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR SUSPENSION:INDEPENDENT FRONT | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures | Date(s) of Failure(s) 19-JAN-2000 Mileage at Failure(s) 15 Vehicle Speed at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <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 | Fire | Number of Persons Injured | Number of Fatalitie | Estimated Property Damag | Reported to Polic |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) |
|--|
| <p>WAS DRIVING AND APPLIED THE BRAKES, PEDAL STARTED T CHATTER. STOPPING DISTANCE WAS DIMINISHED. TOOK TO DEALERSHIP AND WAS INFORMED THAT ROTORS WERE WARPED. WAS NOT UNDER WARRANTY FOR REPAIRS. WAS TURNED INSTEAD. ELECTRICAL CROSS WIRES IN ALTERNATOR SYSTEM WERE SMOLDERING. IT WAS REPAIRED. FRONT END WOULD MAKE CLUNKING NOISE WHILE TURNING. NOTHING WAS FOUND. *AK</p> |

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 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.

| DOT Auto Safety Hotline | | FOR AGENCY USE ONLY 117 | |
|--|---|--|--|
|  U.S. Department of Transportation National Highway Traffic Safety Administration | | Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | |
| OWNER INFORMATION (Type or Print) | | Date Received: 10 JAN 2001 Office: INVESTIGATION Reference No.: 877965 | |
| Signature of Owner: [Redacted] Date: 12/1/01 | | Work Num: [Redacted] Home Num: [Redacted] | |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an owner, provide your name and address to the vehicle manufacturer. | | | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN) 1FTNW21F9YEB77647 | Vehicle Make FORD TRUCK | Vehicle Model F250 | Vehicle Year 2000 |
| Current Odometer Reading 16,896 | | Purchase Date: [Blank] Dealer's Name: Bill Pierre Ford City: Seattle State: Wa. Zip Code: [Blank] | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Engine Size: 7.3 No. Cylinders: 8 | <input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injection <input type="checkbox"/> Turbo Diesel Gas Fuel Injection | |
| Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual | Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" 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 checked="" type="checkbox"/> 4-Wheel | | Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Sport/UTV <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | Body Style: <input 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: 03273000 08210000 02100000 | Part Name(s): BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR SUSPENSION:INDEPENDENT FRONT | Location: <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear | Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures: [Blank] | Date(s) of Failure(s): 19-JAN-2000 Mileage at Failure(s): 15 Vehicle Speed at Failure(s): [Blank] | Failed Part(s) Available?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?: <input type="checkbox"/> Yes <input checked="" 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 | Number of Persons Injured: [Blank] | Number of Fatalities: [Blank] | Estimated Property Damage: [Blank] |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| WAS DRIVING AND APPLIED THE BRAKES, PEDAL STARTED TO CHATTER. STOPPING DISTANCE WAS DIMINISHED. TOOK TO DEALERSHIP AND WAS INFORMED THAT ROTORS WERE WARPED. WAS NOT UNDER WARRANTY FOR REPAIRS. WAS REPAIRED ELECTRICAL CROSSED WIRES IN ALTERNATOR SYSTEM WERE SMOLDERING. IT WAS REPAIRED. FRONT END WOULD MAKE CLUNKING NOISE WHILE TURNING. NOTHING WAS FOUND. *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 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. | | | |

