



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 197

Date Received

23-FEB-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

881322

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) _____ (Location at bottom of windshield and driver's side door)		Vehicle Make FORD	Vehicle Model THUNDERBIRD	Vehicle Year 1992	Current Odometer Reading _____
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag ☒ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 0	Date(s) of Failure(s) 23-FEB-2001 Failure(s) 130000 Mileage at Failure(s) 0	Failed Part(s) ☐ Yes ☐ No	NHTSA 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag _____	Reported to Police ☐ Yes ☒ No
--	---	---------------------------------------	----------------------------------	-----------------------------------	---

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

CONSUME HAD EXPERIENCED PROBLEM WITH ACTIVE SEAT BELT MOTOR ON DRIVER'S SIDE. MOTOR WON'T MOVE WHEN OPENING DOOR OR WHEN CLOSING. CONSUMER HAD TO BE USING LAP SEAT BELT IN A MANUAL WAY. *AK

COPIES OF REPORTS - FREE -

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.

 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	
J.S. Department of Transportation National Highway Traffic Safety Administration		Date Received: 23-FEB-2001	
		Od. or rt. di. ☐ od. rt. ☐ up. fr. ☐	
OWNER INFORMATION (Type or Print)		Reference No. 881322	
[Redacted] 676302		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 address to the vehicle manufacturer, Signature of Owner: [Redacted] Date: 3/31/01			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) [Redacted] (If located on bottom of windshield on driver's side)		Vehicle Make FORD	Vehicle Model THUNDERBIRD
		Vehicle Year 1992	Current Odometer Reading 130,481
Purchase Date July 1996 ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders 6 ☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag ☒ Motorbelt	Cruise Control ☐ Yes ☒ No
Drive Train ☐ Front ☒ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS		Location ☒ Left ☒ Front ☐ Right ☐ Rear
		Failed Part(s) ☒ Original ☐ Replacement	
No. of Failures 0	Date(s) of Failure(s) 23-FEB-2001 Mileage at Failure(s) 130000 Vehicle Speed at Failure(s) 0		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 0	Number of Fatalities 0
		Estimated Property Damage	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUME HAD EXPERIENCED PROBLEM WITH ACTIVE SEAT BELT MOTOR ON DRIVER'S SIDE. MOTOR WON'T MOVE WHEN OPENING DOOR OR WHEN CLOSING. CONSUMER HAD TO BE USING LAP SEAT BELT IN A MANUAL WAY. *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.