Form Approved: OMB No. 2127-0042

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 758

Date Received: 30-MAR-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 884659

[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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FTCR10U6NTA38267	FORD TRUCK	RANGER	1992	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (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 ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02120000 02113000	SUSPENSION:INDEPENDENT FRONT SHOCK ABSORBER SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS::	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	10-MAR-2001 120000 Mileage at Failure(s)_____	☐ 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				☐ Yes ☒ No

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

SHOCK ABSORBERS WERE MAKING NOISE. CONSUMER CHECKED UNDERNEATH VEHICLE AND FOUND RIGHT UPPER SPRING MOUNT HAD RUSTED AND COLLAPSED. *AK

CONTINUED ON REVERSE

Form Approved O.M.B. No. 2127-0039

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 758

Date Received: 30-MAR-2001

Od_ur
rl_dt
od_rt
up_ltr

Reference No. 884659

OWNER INFORMATION (Type or Print)

[redacted] 683788

Work Nur [redacted]
Home Nur [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an [redacted] ur name and address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/10/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
[redacted]	FORD TRUCK	RANGER	1992	126,000

Purchase Date
☐ New ☒ Used

Dealer's Name Southgate Ford.
City Southgate State MI Zip Code

Engine Size (CID/CC/L) 3.0L
No Cylinders 6
☐ Turbo ☐ Diesel ☐ Gas ☑ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manua ☒ Automatic	☐ Yes ☒ No	☐ 3 Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☑ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☑ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☑ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02120000 02113000	SUSPENSION:INDEPENDENT FRONT SHOCK ABSORBER SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:S	☐ Left ☑ Right ☑ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures: 1

Date(s) of Failure(s) 10-MAR-2001
Mileage at Failure(s) 120000
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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

SHOCK ABSORBERS WERE MAKING NOISE. CONSUMER CHECKED UNDERNEATH VEHICLE AND FOUND RIGHT UPPER SPRING MOUNT HAD RUSTED AND [redacted] AK STARTED TO BEND AWAY FROM THE SPRING. THE SHOCK HAD BROKEN COMPLETELY FREE.

CONTINUE ON BACK IF NEEDED