



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 §20

Date Received

02-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

887288

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FTEX27L2VNC18559	FORD TRUCK	F250	1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input 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 type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10200000	Part Name(s) VISUAL SYSTEMS:MIRRORS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 01-JUN-2000 Mileage at Failure(s) 40600	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

MIRROR ON PASSENGER'S SIDE DOOR OPERATES ERRATICALLY, IT IS DIFFICULT TO JUDGE DISTANCE WHEN IT IS NOT POSSIBLE TO SEE OUTSIDE OF REAR VIEW MIRROR. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

CONTINUE ON REVERSE

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
 www.nhtsa.dot.gov/hotline
 1-888-327-4236
 NATIONWIDE 1-888-DASH-2-DOT
 Vehicle Owner's Questionnaire (VOQ)

FOR AGENCY USE ONLY 920

Date Received: 02-MAY-2001
 Reference No. 887288
 Work Number
 Home Number

OWNER INFORMATION (Type or Print)
 689749
 Signature of Owner
 Date: 5/8/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1FTEX27L2VNC18559
 Vehicle Make FORD TRUCK
 Vehicle Model F250
 Vehicle Year 1991
 Current Odometer Reading 40680
 Purchase Date 6/19/00
 Dealer's Name
 City State Zip Code
 Engine Size 5.4
 (CID/CC/L No Cylinders) 8
 Turbo Diesel Gas Fuel Injection

Transmission Type Automatic Manual
Antilock Brakes Yes No
Restraint System 3-Point Belt Driver Side Airbag Passenger Side Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Minivan Other Truck Sport Util Stationwagon Pick Up Truck Other
Body Style 2-Door 4-Door

Component 10200000
Part Name(s) VISUAL SYSTEMS:MIRRORS
Location Right Left Front Rear
Failed Part(s) Original Replacement
No of Failures (Date(s) of Failure(s) 01-JUN-2000 Mileage at Failure(s) 40800 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)
 MIRROR ON PASSENGER'S SIDE DOOR OPERATES ERRATICALLY, IT IS DIFFICULT TO JUDGE DISTANCE WHEN IT IS NOT POSSIBLE TO SEE OUTSIDE OF REAR VIEW MIRROR. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

COMPLETE ON BACK IF NEEDED

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