



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 125

Date Received

14-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

888094

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FTNW21F5YEE06552	FORD TRUCK	F250	2000			
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	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) _____ Mileage 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 <input checked="" type="checkbox"/> Yes <input 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)

WHILE DRIVING 65-70 MPH AND TOWING A TRAILER EXTREME VIBRATION OCCURRED WHICH CAUSED LOSS OF VEHICLE CONTROL, RESULTING IN TRUCK AND TRAILER TURNING OVER. PLEASE GIVE ANY FURTHER DETAILS.*AK

CONTINUED 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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 125

Date Received: 14-MAY-2001
 Date Rec'd: 14-MAY-2001
 Reference No.: 858094
 Work Number: N/A
 Home No: [REDACTED]

OWNER INFORMATION (Type or Print)

691755
 [REDACTED]
 [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Signature of Owner: [REDACTED]
 Date: 5/23/01

Vehicle Ident. No. (VIN) [REDACTED]
 Vehicle Make: FORD TRUCK
 Vehicle Model: F260
 Vehicle Year: 2000
 Current Odometer Reading: 8300 current

Purchase Date: July 2000
 Dealer's Name: FRED FIRST FORD INC.
 City: RICHMOND State: IN Zip Code: 47374
 Engine Size: 7.3L (CID/CIL)
 No. Cylinders: 8
 Turbo: Diesel: Gas: Fuel Injection:

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 02000000
 Part Name(s): SUSPENSION
 Location: Left Right
 Failed Part(s): Original Replacement
 Date(s) of Failure(s): 3/22/2001
 Mileage at Failure(s): 4700
 Vehicle Speed at Failure(s): 65 to 70 MPH
 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)

No. of Failures: 1
 Date(s) of Failure(s): 3/22/2001
 Mileage at Failure(s): 4700
 Vehicle Speed at Failure(s): 65 to 70 MPH
 Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes No

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

Crash: Yes No
 File: Yes No
 Number of Persons Injured: NONE
 Number of Fatalities: N/A
 Estimated Property Damage: \$50,000
 Reported to Police: Yes No

WHILE DRIVING 65-70 MPH AND TOWING A TRAILER EXTREME VIBRATION OCCURRED WHICH CAUSED LOSS OF VEHICLE CONTROL, RESULTING IN TRUCK AND TRAILER TURNING OVER.
 PLEASE GIVE ANY FURTHER DETAILS, AS
 SEE ATTACHED.

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 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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T E 0 0 8 0 6 2

MANUFACTURER/TIRE NAME
FIRESTONE STURDIX AT

SIZE LT 265/
76 R16

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

U.S. G.P.O.: 1982-423-897/60386

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590



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EXEMPTION 6 OF THE FREEDOM OF
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