



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

16-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

888359

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	Vehicle Model	Vehicle Year	Current Odometer Reading
FMDA5141WBB31602		FORD TRUCK	WINDSTAR	1998	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02113000	Part Name(s) SUSPENSION:INDEPENDENT FRONT ATTACHING MECHANISMS:	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 11-MAY-2001 54700 Mileage at Failure(s)	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 Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FRONT RIGHT COIL SPRING BROKE WHILE CONSUMER'S DAUGHTER WAS DRIVING AT APPROXIMATELY 10 MPH. WHEN COIL SPRING BROKE, IT CAUSED FRONT RIGHT TIRE TO BLOWOUT. CONSUMER REPLACED ORIGINAL TIRE WITH A SPARE, RESULTING IN SPARE BEING DESTROYED BECAUSE OF BROKEN COIL SPRING. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

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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) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 920			
		Date Received: JUN 12 2003 16-MAY-2003 16 OFFICE: DEFECTS INVESTIGATION Od_or _____ rt_dt _____ od_rt _____ up_kr _____ Reference No. 888359			
OWNER INFORMATION (Type or Print) [Redacted] 692358					
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized representative, NHTSA will not contact your name and address to the vehicle manufacturer. Signature of Owner: [Redacted] Date: 6/6/01					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) FMDA6141WBB31602		Vehicle Make FORD TRUCK	Vehicle Model WINDSTAR	Vehicle Year 1998	Current Odometer Reading _____
Purchase Date ☐ New ☒ Used	Dealer's Name: GRAHAM FORD City: CONVERSE State: IN 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 ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☒ Van ☐ Sport Util ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 02113000	Part Name(s) SUSPENSION: INDEPENDENT FRONT ATTACHING MECHANISMS: S		Location: ☐ Left ☒ Front ☐ Right ☐ Rear		Failed Part(s) ☒ Original ☐ Replacement
No of Failures 1	Date(s) of Failure(s) 11 MAY-2001 Mileage at Failure(s) 54700 Vehicle Speed at Failure(s) 10 MPH		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)					
FRONT RIGHT COIL SPRING BROKE WHILE CONSUMER'S DAUGHTER WAS DRIVING AT APPROXIMATELY 10 MPH. WHEN COIL SPRING BROKE, IT CAUSED FRONT RIGHT TIRE TO BLOWOUT. CONSUMER REPLACED ORIGINAL TIRE WITH A SPARE, RESULTING IN SPARE BEING DESTROYED BECAUSE OF BROKEN COIL SPRING. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK					
CONTINUE ON BACK IF NEEDED					
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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										MANUFACTURER/TIRE NAME				SIZE
* 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)																

Coil Ripped out original time at 10:45-11:00 AM.

POORLY LIT AREA. - SPARE DOWNUT TIRE PUT ON. COIL RIPPED
THIS TIRE ALSO. RETURNED NEXT MORNING + OBSERVED
BROKEN COIL.

★ U.S. G.P.O.: 1982-623-557/80

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National Highway
Traffic Safety
Administration

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
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