



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 241

Date Received

18-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

888611

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 or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☒ Van ☐ 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:	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 11-APR-2001 Mileage at Failure(s) 48000	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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

LEFT FRONT COIL SPRING BROKE WHILE TRAVELING AT LOW SPEED. DEALER WAS NOTIFIED, AND INFORMED CONSUMER VEHICLE WAS OUT OF ITS WARRANTY, AND ANY REPAIRS WOULD BE AT CONSUMER'S EXPENSE. FEEL FREE TO PROVIDE US WITH ANY FURTHER DETAILS ON THIS MATTER.

*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.

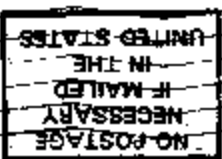
 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241	
		Date Received: 01 JUN 26 AM 9:19 18-MAY-2001 OFFICE DEFECTS INVESTIGATION Name: _____ Work Number: _____ Home Number: _____	
J.S. Department of Transportation National Highway Traffic Safety Administration		Od_or _____ rt_d _____ od_r _____ up_itr _____ Notice No. 888611	
OWNER INFORMATION (Type or Print)			
		692855	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date 6/2/01	
2EMD A5141WB901271 VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) 2EMD A5141WB901271 (located at bottom of windshield or driver's side)		Vehicle Make FORD	Vehicle Model WINDSTAR
Vehicle Year 1998		Current Odometer Reading 049197	
Purchase Date 8-11-99 ☐ New ☒ Used		Dealer's Name INTER STATE Ford City Miamisburg State oh Zip Code 45449	
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 ☐ Minivan ☐ Other	Sport Ult ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02113008	Part Name(s) SUSPENSION: INDEPENDENT FRONT ATTACHING MECHANISMS: S	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures _____	Date(s) of Failure(s) 11-APR-2001 Mileage at Failure(s) 48000 Vehicle Speed at Failure(s) WAS PARKED	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 NONE	Number of Fatalities NONE
Estimated Property Damage \$500.00		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
LEFT FRONT COIL SPRING BROKE WHILE TRAVELING AT LOW SPEED. DEALER WAS NOTIFIED, AND INFORMED CONSUMER VEHICLE WAS OUT OF ITS WARRANTY, AND ANY REPAIRS WOULD BE AT CONSUMER'S EXPENSE. FEEL FREE TO PROVIDE US WITH ANY FURTHER DETAILS ON THIS MATTER. *AK it was raining very hard, i had been driving from Columbus, Ohio to Warrington, was parked in shopping center, after about 15 to 20 min this loud metal banging noise occurred			
CONTINUE ON BACK IF NEEDED			
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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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 National Highway Traffic Safety Administration
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 Washington, D.C. 20590
 Official Business
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U.S. G.P.O. 1992-825-802 / 80066



AFTER AN INSPECTION, FOUND THE COIL SPRING
 BROKE IN THE MIDDLE. THERE WAS EVIDENCE
 OF A FLAW - IN THE METAL. A TO 3 INCHES
 ON EACH BROKEN END WAS RUSTED.
 IF I HAD BEEN DRIVING, WHEN THIS
 HAPPENED, MY SON AND I WOULD PROBABLY
 BEEN KILLED OR BADLY INJURED AND
 MAYBE OTHER PEOPLE, TRAFFIC WAS VERY
 HEAVY.

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.																			
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D	O	T																	
MANUFACTURER/TIME 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)																			