



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 284

Date Received

22-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

888826

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 FORD TRUCK	Vehicle Model WINDSTAR	Vehicle Year 1998	Current Odometer Reading
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 01230000	Part Name(s) STEERING:POWER ASSIST:HOSE:FLUID	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 11-DEC-2000 Mileage at Failure(s) 37	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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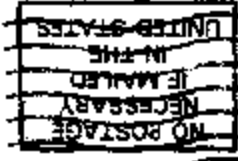
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

POWER STEERING LINE MALFUNCTIONED WHILE DRIVING, RENDERING VEHICLE DIFFICULT TO STEER. DEALER HAS REPAIRED VEHICLE.*AK

COPIES OF THIS FORM ARE:

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 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-007 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 284 Date Received: <u>22 MAY 2001</u> Office: <u>DEFECTS INVESTIGATION</u> Reference No.: <u>888826</u>	
OWNER INFORMATION (Type or Print) [Redacted]					
Do you authorize [Redacted] to use your vehicle? ☒ YES ☐ NO In the absence of [Redacted] address to the vehicle manufacturer. Signature of Owner: [Redacted] Date: <u>2/15/02</u>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's side) <u>2FMZA5146WB096151</u>		Vehicle Make <u>FORD TRUCK</u>		Vehicle Model <u>WINDSTAR</u>	
Vehicle Year <u>1998</u>		Current Odometer Reading <u>52,800</u>			
Purchase Date <u>6-98</u> ☒ New ☐ Used		Dealer's Name <u>Dub Miller Ford</u> City <u>HOUSTON</u> State <u>TX</u> Zip Code <u>77471</u>		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 ☐ Sport Utility ☒ Van ☐ Truck ☐ Motorcycle ☐ Minivan ☐ Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>01330000</u>		Part Name(s) <u>STEERING: POWER ASSIST: ROSE: FLUID</u>		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
No. of Failures <u>1</u>		Date(s) of Failure(s) <u>11-DEC-2000</u> Mileage at Failure(s) <u>37</u> Vehicle Speed at Failure(s) <u> </u>		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 <u> </u>	
				Number of Fatalities <u> </u>	
				Estimated Property Damage <u> </u>	
				Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
POWER STEERING LINE MALFUNCTIONED WHILE DRIVING, RENDERING VEHICLE DIFFICULT TO STEER. DEALER HAS REPAIRED VEHICLE.*AK					
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

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

10-17-01 - A/C not cooling, doors would not lock, windows would not go down. Sent car to DEA leakup and there were the junkies. Found loose gas at the back of compressor. Found bad right / left power door actuators. Found bad window motor. All items were repaired. I feel this car is a lemon and should be recalled.

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)									