



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** 758

Date Received

18-JUN-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

890545

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>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
3FTNW20F3YMA40182	FORD TRUCK	F250	2000			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" 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 12411000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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) 14-JUN-2001 Mileage at Failure(s) 50000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 1	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 50 MPH ANOTHER VEHICLE PULLED OUT IN FRONT OF CONSUMER. CONSUMER HIT OTHER VEHICLE ON PASSENGER'S SIDE. NEITHER AIRBAG DEPLOYED. CONSUMER WAS INJURED. DAMAGE TO VEHICLE UNKNOWN AT THIS TIME.\*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

**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received: **18 JUN 2001**  
Office: **DEFECTS INVESTIGATION**  
Reference No.: **890545**

OWNER INFORMATION (Type or Print)

[Redacted] 697409

Work Number: [Redacted]  
Home Number: [Redacted]

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): **3FTNW20F3YMA40182** Vehicle Make: **FORD TRUCK** Vehicle Model: **F250** Vehicle Year: **2000** Current Odometer Reading: **50,772**

Purchase Date: **3-2000** Dealer's Name: **PARK CITIES FORD** Engine Size (CID/CC/L): **7.3** Turbo Diesel Gas Fuel Injectio:   
 New  Used City: **DALLAS** State: **TX** Zip Code: **75143** No Cylinders: **8**

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  Van  Min van  Other  Sport Util  Truck  Motorcycle Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: **12111000** Part Name(s): **INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT** Location:  Left  Right  Front  Rear Failed Part(s):  Original  Replacement

No. of Failures: **1** Date(s) of Failure(s): **14 JUN 2001** Mileage at Failure(s): **50000** Vehicle Speed at Failure(s): **50 MPH** 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: **1** Number of Fatalities: **0** Estimated Property Damag: **6,000<sup>00</sup>** Reported to Polic:  Yes  No

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

WHILE DRIVING 50 MPH ANOTHER VEHICLE PULLED OUT IN FRONT OF CONSUMER. CONSUMER HIT OTHER VEHICLE ON PASSENGER'S SIDE. NEITHER AIRBAG DEPLOYED. CONSUMER WAS INJURED. DAMAGE TO VEHICLE UNKNOWN AT THIS TIME. \*AK

*DRIVERS*

CONTINUE ON BACK IF NECESSARY

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