



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 798

Date Received

16-JUL-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

892934

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		
2FAPP73W61X121753	FORD	CROWN VICTORI	2001			
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 type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" 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 01100000	Part Name(s) STEERING:WHEEL AND COLUMN	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) 01-DEC-2000 3	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) _____			

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 type="checkbox"/> Yes <input checked="" 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)

WHEN CONSUMER DRIVES AT SPEEDS ABOVE 60 MPH STEERING WHEEL WILL START TO SHAKE. ALSO, STEERING FEELS LOOSE. *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.

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CONTINUE ON BACK IF NEEDED

The Arbitration Board ruled that Ford should buy back the vehicle & therefore it was sold back to Ford.

WHEN CONSUMER DRIVES AT SPEEDS ABOVE 60 MPH STEERING WHEEL WILL START TO SHAKE. ALSO, STEERING FEELS LOOSE. *AK

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

Crash	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	File	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured		Number of Failures		Estimated Property Damage		Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No. of Failures	CONSTANT	Date(s) of Failure(s)	01-DEC-2000	Mileage at Failure(s)	45,000	Vehicle Speed at Failure(s)	45 MPH	Failed Part(s) Available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	NHTSA Previously Contacted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	01100000	Part Name(s)	STEERING; WHEEL AND COLUMN	Location	Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>	Transmission Type	Automatic <input type="checkbox"/> Manual <input type="checkbox"/>	Antilock Brakes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Restraint System	3-Point Belt <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/>	Chaise Control	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Drive Train	Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type	Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Body Style	2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>
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Purchase Date		Dealer's Name	Woody Bilton Ford	City	Markkrossen S.C.	Zip Code		Engine Size (CID/CYL)	8	No. Cylinders	8	Fuel Injection	<input checked="" type="checkbox"/>	Turbo	<input type="checkbox"/>	Diesel	<input type="checkbox"/>	Gas	<input type="checkbox"/>
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Vehicle ID# (VIN)	2FAFP73W61X121753	Vehicle Make	FORD	Vehicle Model	CROWN VICTORI	Vehicle Year	2001	Current Odometer Reading	
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VEHICLE INFORMATION

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	
Home Number		Work Number	
Reference No.	892934	DATE RECEIVED	16-JUL-2001
OWNER INFORMATION (Type or Print)	U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		
Vehicle Owner's Questionnaire (VOQ)	DEFECT INFORMATION CENTER 702871		