



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 197

Date Received

14-SEP-2001

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rp_lr

Reference No.

896361

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>(Lowercase letters "i" and "o" are not to be used.)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FTWW32F8XEF02005	FORD TRUCK	E-SUPER DUTY	1999			
Purchase Date <input type="checkbox"/> New <input checked="" 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 checked="" 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 01221000 01560000	Part Name(s) STEERING:POWER:SHAFT LOWER WORM STEERING:LINKAGES:TIE ROD:END	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 0	Date(s) of Failure(s) 23-AUG-2001 135000 Mileage at Failure(s) _____ 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA 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 0	Number of Fatalities 0	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 ABOUT 60 MPH AND WHEN GOING AROUND A CURVE DRIVER LOST CONTROL OF VEHICLE AND CRASHED INTO ANOTHER VEHICLE. THEN, TOOK VEHICLE TO DEALER. DEALER FOUND OUT THAT LOWER SHAFT AND TIE ROD END WERE BROKEN. MANUFACTURER WAS CONTACTED. PLEASE PROVIDE MORE INFORMATION. *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.

 <p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 197</p> <p>Date Received: OCT-3 11 2001 11-SEP-2001 OFFICE DEFECTS INVESTIGATION</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 715463</p>				<p>Reference No. 896361</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature of Owner [Redacted] Name and address to the vehicle manufacturer: [Redacted] Date 9/27/01</p>				<p>Work Number [Redacted] Home Number [Redacted]</p>	
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located a 3' from windshield or driver's side) 1FTWW32F8XEF02006</p>		<p>Vehicle Make FORD TRUCK</p>	<p>Vehicle Model 350 Crew Cab SUPER DUTY</p>	<p>Vehicle Year 1999</p>	<p>Current Odometer Reading 135000</p>
<p>Purchase Date July 1999</p>	<p>Dealer's Name BRYAN EASLER FORD INC</p>		<p>Engine Size (CID/CC/L) No Cylinders</p>	<p><input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injectio</p>	<p>City HENRIEVILLE NC Zip Code 28739</p>
<p>Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes</p>	<p>Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>
<p>Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>					
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 01221000 01560000</p>	<p>Part Name(s) LOWER STEERING SHAFT JOINT STEERING:POWER SHAFT LOWER WORM STEERING:LINKAGES:TIE ROD:END</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures 2</p>	<p>Date(s) of Failure(s) 23-AUG-2001</p>		<p>Mileage at Failure(s) 135000</p>	<p>Vehicle Speed at Failure(s) 65 MPH</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Reported to Police Totalled the 1999 Ford Truck <input checked="" type="checkbox"/> Yes</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>WHILE DRIVING ABOUT 60 MPH AND WHEN GOING AROUND A CURVE DRIVER LOST CONTROL OF VEHICLE AND CRASHED INTO ANOTHER VEHICLE, THEN TOOK VEHICLE TO DEALER. DEALER FOUND OUT THAT LOWER SHAFT AND TIE ROD END WERE BROKEN. MANUFACTURER WAS CONTACTED. PLEASE PROVIDE MORE INFORMATION. *AK*</p> <p><i>No other vehicle involved</i></p> <p>While driving around a curve at 65 miles an hour the truck's lower steering shaft joint broke and the truck could not be controlled. Hit the wall in the center of highway and my trailer came around to pin the truck against the wall. Driver's against the wall. The only who the car on the side of 70 MPH other vehicles involved.</p>					
<p>The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in U.S. National Highway Traffic Safety Administration by 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.</p>					