



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 252

Date Received

30-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

898506

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)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1STNNNNNX21F7YWE0		FORD TRUCK	F150	2001	
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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
		☐ Motorbelt ☐ 2-Point Bel		☐ Sport Utl ☐ Truck ☐ Motorcycle	Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10200000	Part Name(s) VISUAL SYSTEMS:MIRRORS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 0	Dates of Failure(s) 01-MAR-2001 Mileage at Failure(s) 7000 Vehicle Speed at Failure(s) 0	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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

MIRROR ON DRIVER'S SIDE IS DEFECTIVE. DRIVER CANNOT SEE OUT OF THAT GLASS, THERE IS A BLIND SPOT. DEALERSHIP IS AWARE OF PROBLEM.*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 Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 252	
		Date Received 30-OCT-2001	Od or rt dt od rt up_ltr Reference No. 898506
OWNER INFORMATION (Type or Print) 723942		Work Number Home	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of _____, NHTSA will not provide your name and address to the vehicle manufacturer. Signature of Owner Date <u>11/20/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) 1STNNNNNX21F7YWE0 1FTNX3LP1YEB05340	Vehicle Make FORD TRUCK	Vehicle Type F150 F 250	Vehicle Year 2000 2000
Purchase Date 3-5-01 ☐ New ☒ Used		Dealer's Name <u>Whitbeck Iscuna Ford</u> City <u>Oak Harbor</u> State <u>WA</u> Zip Code <u>98277</u>	
Engine Siz (CID/CC/L) <u>7.3 L</u> No Cylinders <u>8</u>		☒ Turbo ☒ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manua ☒ 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 ☒ Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 10200000	Part Name(s) VISUAL SYSTEMS:MIRRORS	Location ☐ Left ☐ Front ☒ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 0	Date(s) of Failure(s) <u>01-MAR-2001</u> Mileage at Failure(s) <u>7000</u> Vehicle Speed at Failure(s) <u>0</u>	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 0	Number of Fatalities 0
Estimated Property Damage		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) MIRROR ON DRIVER'S SIDE IS DEFECTIVE. DRIVER CANNOT SEE OUT OF THAT GLASS, THERE IS A BLIND SPOT. DEALERSHIP IS AWARE OF PROBLEM.'AK			
CONTINUE ON BACK IF NEEDED			
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PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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