



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 936**

Date Received

07-DEC-2001

Ord. or  
rt. dt  
od. rt  
rp. ltr

Reference No.

899962

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		
1FTNX20L6XEC97781	FORD TRUCK	F250	2000			
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 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15700100	Part Name(s) EQUIPMENT:CARRIER:SPARE TIRE	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	Dates of Failure(s) 07-DEC-2001	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) 47000		
	Vehicle Speed 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING CABLE THAT HOLDS SPARE TIRE BROKE AND TIRE FELL OFF. CONSUMER CONTACTED DEALER, AND THEY TOLD CONSUMER TO CONTACT MANUFACTURER. PLEASE PROVIDE ANY FURHTER INFORMATION. \*AK

CONFIDENTIAL - NHTSA

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

## OWNER INFORMATION (Type or Print)

DEFECTS INVESTIGATION  
OFFICE  
07-DEC-2004

Reference No. 899962

Order No. \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Order No. \_\_\_\_\_  
Order No. \_\_\_\_\_

FOR AGENCY USE ONLY 336

(In you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle, in the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle's manufacturer.)  
Signature of Owner: \_\_\_\_\_  
Date: 11/10/02

## VEHICLE INFORMATION

Vehicle Identification No. (VIN) (located at bottom of windshield on driver's side): 1FTNX20L6XEC97781	Vehicle Make: FORD TRUCK	Vehicle Model: F250	Year: 2009	Current Odometer Reading: 47,000
Purchase Date: 9-31-1999	Dealers Name: Metro Ford	City: Dallas	State: TX	Zip Code: _____

Transmission Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger Side Airbag	Drive Type: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style: <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
Part No. (s): _____	Equipment: CARRIER: SPARE TIRE	Location: <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Rear	Failed Part(s): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	No. of Failures: 1	Date(s) of Failure(s): 07-DEC-2001
Mileage at Failure(s): 47000	Vehicle Speed at Failure(s): 30 MPH	Failed Part(s): _____	NHTSA Previously: <input type="checkbox"/> Yes <input checked="" 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)	

Component: 15700100	Part No. (s): _____	Location: <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Rear	Failed Part(s): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	No. of Failures: 1	Date(s) of Failure(s): 07-DEC-2001
Mileage at Failure(s): 47000	Vehicle Speed at Failure(s): 30 MPH	Failed Part(s): _____	NHTSA Previously: <input type="checkbox"/> Yes <input checked="" 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: None	Number of Fatalities: None	Estimated Property Damage: _____	Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  
WHILE DRIVING CABLE THAT HOLDS SPARE TIRE BROKE AND TIRE FELL OFF. CONSUMER CONTACTED DEALER, AND THEY TOLD CONSUMER TO CONTACT MANUFACTURER. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

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CONTINUE ON BACK IF NEEDED