



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue  
or black ink pen only.  
**CORRECT MARK: ●**

## FOR AGENCY USE ONLY

Date Received 8/16/00  
Reference No. \_\_\_\_\_  
Order \_\_\_\_\_  
Text \_\_\_\_\_  
Ad-ID \_\_\_\_\_  
Spill \_\_\_\_\_

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

AREA CODE

## VEHICLE INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                    |  |                                                                                |  |                                                                                              |  |                                                                                                                                                     |  |                                                                                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| VEHICLE IDENT. NO. (VIN) Located at bottom of windshield on driver's side<br><u>2FMZA51U4WBE92901</u>                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                    |  | VEHICLE MAKE<br><u>Ford</u>                                                    |  | VEHICLE MODEL<br><u>Windstar</u>                                                             |  | MANUFACTURE DATE<br>____/____/____                                                                                                                  |  | MODEL YEAR<br><u>1998</u>                                                                                                                                                                                                                |  |
| VEHICLE MANUFACTURER<br><input type="radio"/> BMW <input checked="" type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____<br><input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW |  |                                                                                                                                                                                                                                                    |  |                                                                                |  |                                                                                              |  |                                                                                                                                                     |  |                                                                                                                                                                                                                                          |  |
| PURCHASE DATE<br><u>8-22-98</u>                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input checked="" type="radio"/> New<br><input type="radio"/> Used                                                                                                                                                                                 |  | DEALER'S NAME<br><u>Ourisman Ford</u>                                          |  | CITY<br><u>Bethesda</u>                                                                      |  | STATE<br><u>MD</u>                                                                                                                                  |  | ZIP CODE<br><u>20817</u>                                                                                                                                                                                                                 |  |
| ENGINE SIZE<br>(CID/CC/L) _____                                                                                                                                                                                                                                                                                                                                                                                                           |  | FUEL SYSTEM<br><input type="radio"/> Turbo <input type="radio"/> Fuel Injector                                                                                                                                                                     |  | FUEL TYPE<br><input type="radio"/> Diesel <input checked="" type="radio"/> Gas |  | TRANSMISSION TYPE<br><input type="radio"/> Manual <input checked="" type="radio"/> Automatic |  | ANTILOCK BRAKES<br><input checked="" type="radio"/> Yes <input type="radio"/> No                                                                    |  | RESTRAINT SYSTEM<br><input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt<br><input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt<br><input type="radio"/> 3-Point Belt |  |
| NO. CYLINDERS _____                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                    |  |                                                                                |  |                                                                                              |  |                                                                                                                                                     |  | CRUISE CONTROL<br><input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                          |  |
| DRIVETRAIN<br><input type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear                                                                                                                                                                                                                                                                                                                                        |  | VEHICLE TYPE<br><input type="radio"/> Car <input checked="" type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____<br><input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle |  |                                                                                |  | DOORS<br><input type="radio"/> 2-Door <input type="radio"/> 4-Door                           |  | BODY STYLE<br><input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Stationwagon<br><input type="radio"/> Pick Up Truck |  |                                                                                                                                                                                                                                          |  |

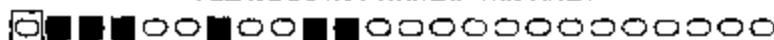
## FAILED COMPONENT(S)/PART(S) INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| COMPONENT<br><input type="radio"/> Child Seat<br><input type="radio"/> Electrical Lights & Alarms<br><input type="radio"/> Engine & Cooling System<br><input type="radio"/> Equipment<br><input type="radio"/> Fuel System/Exhaust<br><input type="radio"/> Heater, Defrost, Ventilation<br><input type="radio"/> Interior<br><input type="radio"/> Parking Brake<br><input type="radio"/> Power Train<br><input type="radio"/> Service Brakes<br><input type="radio"/> Steering<br><input type="radio"/> Structure<br><input type="radio"/> Suspension<br><input type="radio"/> Visual Systems<br><input checked="" type="radio"/> Other <u>tires</u> | NO. OF FAILURES<br><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 |                                                                                              | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INCIDENT DATE<br><u>8-1-99</u>                                                                                                                                                                                                                                      |                                                                                              | TIRE NAME<br><u>Firestone</u>                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MILEAGE AT INCIDENT<br><u>~14,600</u>                                                                                                                                                                                                                               |                                                                                              | COMPLETE TIRE SIZE<br><u>P205/70R15</u>                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE SPEED AT INCIDENT<br><u>70 mph</u>                                                                                                                                                                                                                          |                                                                                              | TIRE BRAND<br><input type="radio"/> BF Goodrich <input type="radio"/> Cooper<br><input checked="" type="radio"/> Firestone <u>FR 680</u><br><input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield<br><input type="radio"/> Michelin <input type="radio"/> Yokohama<br><input type="radio"/> Other _____ |  |
| FAILED PART(S)<br><input checked="" type="radio"/> Original <input type="radio"/> Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     | NHTSA PREVIOUSLY CONTACTED?<br><input type="radio"/> Yes <input checked="" type="radio"/> No |                                                                                                                                                                                                                                                                                                                          |  |
| HANDICAPPED ADAPTIVE<br><input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | FAILED PART(S) AVAILABLE?<br><input type="radio"/> Yes <input type="radio"/> No              |                                                                                                                                                                                                                                                                                                                          |  |

## APPLICABLE INCIDENT INFORMATION

|                                                                                                             |                                                                        |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form. | CRASH<br><input type="radio"/> Yes <input checked="" type="radio"/> No | NUMBER OF PERSONS INJURED<br><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 | CAUSE OF INCIDENT<br><input type="radio"/> Wear/Corrosion/Rust <input type="radio"/> Nuts<br><input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks<br><input type="radio"/> Cut/Torn <input type="radio"/> Short<br><input type="radio"/> Disconnected/Fell Off <input type="radio"/> Loose/Sticks/Obsts.<br><input type="radio"/> Erratic/Poor Performance <input type="radio"/> Stability/Vibrator<br><input type="radio"/> Excessive Effort <input type="radio"/> Broken | RESULT OF INCIDENT<br><input type="radio"/> Explosion/Fire<br><input type="radio"/> Loss of Control<br><input type="radio"/> Poor Visibility<br><input type="radio"/> Inadvertent Start<br><input type="radio"/> Rollover<br><input type="radio"/> Stalls<br><input checked="" type="radio"/> Sudden Acceleration |
|                                                                                                             | FIRE<br><input type="radio"/> Yes <input checked="" type="radio"/> No  | NUMBER OF FATALITIES<br><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10      | <u>tire blow out (rear)</u><br><u>passenger side</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                   |

PLEASE DO NOT WRITE IN THIS AREA



01614

**Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.**

On I 95 on south  
lane a rest tire  
blest. We sped into  
the median and turned  
around once or twice  
+ then came to a  
stop finally about  
a yard from the  
interstate, still in  
the median. It was  
hot and we were  
going the speed limit  
or 70 MPH. Unfortunately  
we did not bring the  
tire back. Our  
car had some trouble  
+ the service station  
had to repair something  
underneath and we  
lost a hub-cap, but  
miraculously we were  
unhurt. I later found  
did some brake work at  
Hill & Lindsey.

Continue on additional page if necessary.

**Describe any additional incidents. (include date and mileage)**

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. You are under no obligation to respond to this questionnaire. Your responses 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.

Mark Field: 09 by MCS EW-225338-1554321 HHS Printed in U.S.A.  
© Copyright 1999 by National Computer Systems, Inc. All rights reserved.  
HS Form 350 (Rev. 8/00)

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE  
OWNER'S**

**QUESTIONNAIRE**

**(V00Q)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)