



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 <b>8/30/00</b>	Order _____
Reference No.	Field _____
	Editor _____
	Unit _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <b>1FMDU34X1MAD04608</b>		VEHICLE MAKE <b>FORD</b>	VEHICLE MODEL <b>SUV</b>	MANUFACTURE DATE <b>02 9 1</b>	MODEL YEAR <b>1991</b>	
VEHICLE MANUFACTURER <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 _____ <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 <input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME <b>JENKINS MERCURY</b>	CITY <b>LAKELAND</b>	STATE <b>FLA</b>	ZIP CODE		
ENGINE SIZE (CID/CO/L) NO. CYLINDERS <b>6</b>	FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Fuel Injector	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input type="radio"/> Inverse Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passenger Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> 4 Wheel <input type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input checked="" type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input type="radio"/> 2 Door <input checked="" type="radio"/> 4 Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Stationwagon		

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

<b>COMPONENT</b> <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <b>TIRES</b>	NO. OF FAILURES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <b>6/1/98-11/17/98-2/26/99</b>	TIRE NAME <b>FIRESTONE</b>	COMPLETE TIRE SIZE <b>P235/75R15</b>
	MILEAGE AT INCIDENT <b>85,000 - 92,000 - 96,000</b>	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input checked="" type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____	
	VEHICLE SPEED AT INCIDENT <b>55 - 60 - 60</b>	FAILED PART(S) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Tam <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA

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

PURCHASED USED 1991 FORD EXPEDITION  
XLT 9/1/97 - 6/1/98 FANT VIBRATION  
IN RIGHT FRONT - APPROX 6" X 10"  
BUBBLE IN FLOOR - BRIGHT NEW  
TIRE - 4/1/98 LEFT FRONT  
DID SAME THING. - 3/24/98  
SON DRIVING WHEN RIGHT  
REAR TIRE TREAD TORE  
LOOSE - HE LOAS ABLE TO  
STOP IN MEDIUM - TRENDS  
HAD TORN UP TAIL PIPE,  
RUBBER SHIELD ON SHOCK  
AND BENT UP RIGHT  
REAR QUARTER PANEL,  
REPLACED TAIL PIPE BUT RR  
QUARTER PANEL IS STILL  
BENT UP. BOUGHT TWO  
NEW REAR TIRES AS I  
WAS AFRAID OF LEFT REAR.  
SINCE THIS IS A HODD AND DUG  
TO THE SEWER & I NOW HAVE  
FOUR MORE FIRESTONE RADIAL  
ATX AND 1 1/2 YEAR EVERYTIME  
I DRIVE. (CONT'D)

Continue on additional page if necessary.  
Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974—Public Law 93-502—This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. You are not required to respond to this request, and your response may be used to assist the NHTSA in conducting its activities. A manufacturer, retailer, or repairer of a motor vehicle or its component parts that provides information in response to this request may be subject to the provisions of the Freedom of Information Act, 5 U.S.C. 552, which may be used in support of the agency's action.

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HS Form 350 (Rev. 8/98)

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NECESSARY  
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UNITED STATES

**BUSINESS REPLY MAIL**  
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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  
(VQQ)**

**DOT AUTO SAFETY HOTLINE**

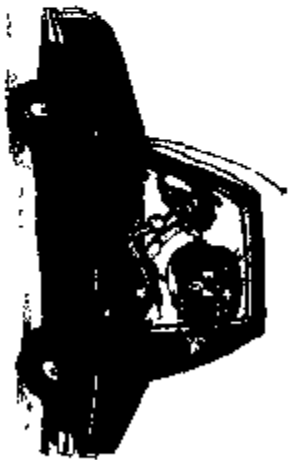
TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**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)

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

Vehicle had 75,025 miles  
when purchased. When first  
tire failed a Firestone employee  
said I had hit something with  
tire causing failure. I was  
disgusted so went bought  
tires from independent dealer.  
(all tires) I'm 82 years old  
(over)

and didn't feel like  
arguing

