



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

Reference No.

Date

rdt

od rt

upl/r

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

ZIP CODE

provide a copy of this report to the  
manufacturer of your vehicle?

☐ No

SIGNATURE OF OWNER

DATE

## VEHICLE INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                                                                                                                                                                                              |                                                                            |                                                                         |                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                 |                                                                                | VEHICLE MAKE                                                                                                                                                                                                                 | VEHICLE MODEL                                                              | MANUFACTURE DATE                                                        | MODEL YEAR                                                                                                                                                                                                |
| 1FMEET11N8SHB73062                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                | Ford                                                                                                                                                                                                                         | Club Wagon                                                                 |                                                                         | 1995                                                                                                                                                                                                      |
| 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<br><input type="radio"/> Deimler/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<br><input checked="" type="radio"/> Used             | DEALER'S NAME                                                                                                                                                                                                                | CITY                                                                       | STATE                                                                   | ZIP CODE                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | Gurley Leep                                                                                                                                                                                                                  | South Bend                                                                 | IN                                                                      | 46614                                                                                                                                                                                                     |
| ENGINE SIZE<br>(CID/CC/L)                                                                                                                                                                                                                                                                                                                                                                                   | FUEL SYSTEM                                                                    | FUEL TYPE                                                                                                                                                                                                                    | TRANSMISSION TYPE                                                          | ANTILOCK BRAKES                                                         | RESTRAINT SYSTEM                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Turbo<br><input checked="" type="radio"/> Fuel Injection | <input type="radio"/> Diesel<br><input checked="" type="radio"/> Gas                                                                                                                                                         | <input type="radio"/> Manual<br><input checked="" type="radio"/> Automatic | <input checked="" type="radio"/> Yes<br><input type="radio"/> No        | <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt<br><input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt<br><input type="radio"/> 3-Point Belt |
| NO. CYLINDERS                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                                                                                                                                                              |                                                                            |                                                                         | CRUISE CONTROL                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                                                                                                                                                                                              |                                                                            |                                                                         | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                          |
| DRIVETRAIN                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | VEHICLE TYPE                                                                                                                                                                                                                 |                                                                            | DOORS                                                                   | BODY STYLE                                                                                                                                                                                                |
| <input type="radio"/> Front <input type="radio"/> 4-Wheel<br><input checked="" type="radio"/> Rear                                                                                                                                                                                                                                                                                                          |                                                                                | <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other<br><input checked="" type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle |                                                                            | <input type="radio"/> 2-Door<br><input checked="" type="radio"/> 4-Door | <input type="radio"/> Hatchback <input type="radio"/> Sedan<br><input type="radio"/> Pick Up Truck <input type="radio"/> Station Wagon                                                                    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                                                                                                                                                                                                                                                      |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| COMPONENT<br><input type="radio"/> Child Seat<br><input type="radio"/> Electric 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 Gear Box<br>Mark Little's conclusion,<br>our mechanic | NO. OF FAILURES                                               | To report defective or failed tire provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).                                                                                                                                                         |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INCIDENT DATE                                                 | TIRE NAME                                                                                                                                                                                                                                                                            | COMPLETE TIRE SIZE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MILEAGE AT INCIDENT                                           | TIRE BRAND                                                                                                                                                                                                                                                                           |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VEHICLE SPEED AT INCIDENT                                     | <input type="radio"/> BF Goodrich<br><input type="radio"/> Cooper<br><input type="radio"/> Firestone<br><input type="radio"/> Goodyear<br><input type="radio"/> Kelly Springfield<br><input type="radio"/> Michelin<br><input type="radio"/> Yokohama<br><input type="radio"/> Other |                    |
| FAILED PART(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ORIGINAL                                                      | REPLACEMENT                                                                                                                                                                                                                                                                          |                    |
| HANDICAPPED ADAPTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAILED PART(S) AVAILABLE?                                     | NHTSA PREVIOUSLY CONTACTED?                                                                                                                                                                                                                                                          |                    |
| <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" 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                                                 | NUMBER OF PERSONS INJURED                                                                                                                                                                                               | CAUSE OF INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RESULT OF INCIDENT                                                                                                                                                                                                                                                               |
|                                                                                                             | <input type="radio"/> Yes<br><input type="radio"/> No | <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"/> Wear/Corrosion/Rust<br><input type="radio"/> Weak/Poor Fit/Loose<br><input type="radio"/> Cut/Torn<br><input type="radio"/> Disconnect/Fall Off<br><input type="radio"/> Erratic/Poor Performance<br><input type="radio"/> Excessive Effort<br><input type="radio"/> Noisy<br><input type="radio"/> Leaks<br><input type="radio"/> Short<br><input type="radio"/> Locks/Sticks/Grabs<br><input type="radio"/> Stability/Vibration<br><input type="radio"/> Broken | <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 type="radio"/> Sudden Acceleration |
|                                                                                                             | FIRE                                                  | NUMBER OF FATALITIES                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                  |
|                                                                                                             | <input type="radio"/> Yes<br><input type="radio"/> No | <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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                  |

PLEASE DO NOT WRITE IN THIS AREA

02812

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

Thank the Lord God we have not had an accident with this Van, but we will if we do not get this serious problem of lack of control do to a defective gear box. We are a family of six and we travel alone. The enclosed receipts will help you see that we have been seeking for help. The dealership thought it was our tires, so we bought new tires. We took it back to our mechanic, Mark Willie, and by that time he had seen the exact same problem with a different customer and is now confident that it is a defective gear box. We believe this is a serious manufacturer defect and feel it is not our responsibility to correct this. We have been in a serious auto accident 1 year ago. We know how important it is to be as safe as possible. When we drive the Van (by the way, this is our new Van) we cannot keep it in a straight line as it wants to sway side to side like a boat in the water. Will you please help us! I hope the enclosed receipts will help you to see our endeavor. We must do something soon it is worsening fast!

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974 (Public Law 93-570) 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 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 an administrative evaluation or litigation against a manufacturer, your response, or a summarized summary thereof, may be used in support of the agency's action.

Mark Willie® by NGS EW-225239-1954321 HP006 Printed in U.S.A.

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NHTSA Form 350 (Rev. 8/90)

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



203



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 79173 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

**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**  
U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
(DASH) 2 DOT



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

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

**VEHICLE  
OWNER'S  
QUESTIONNAIRE  
(VOQ)**





**FORD, INC.**  
320 East Ireland Road  
SOUTH BEND, INDIANA 46614  
(219) 281-6910  
www.curleyleep.com

Please print name and address on following order card.



VEHICLE # 06S355674  
CUSTOMER NAME 21943



FOR RENT 7886  
KELLY 7886  
TECHNICIAN 91737

11 MEETING 1183873062  
85/FORD TRUCK/ECOMLINE E15012 000

REDSWHITE  
COMMENTS

DELIVERY DATE 5/22/88  
SERIAL NO. 57288

DELIVERY DATE 12/07/00  
SERIAL NO. 1207001

DELIVERY DATE 06/26/96  
SERIAL NO. 062696

BUICK • GMC TRUCK • MERCEDES BENZ • CADILLAC  
OLDSMOBILE • CHRYSLER • PLYMOUTH • DODGE  
DODGE TRUCKS • FORD • HUNDAI • PONTIAC • TOYOTA  
HONDA • AUDI • VOLKSWAGEN • DAEWOO

JOB# 1 CHARGES

LABOR

ABS LIGHT ON  
CUSTOMER STATES ABS LIGHT ON  
INTER CHECK AND REPORT  
TESTED ABS SYSTEM AND FOUND BAD HCV NEEDS REPLACED  
ORDERED PART

TECH(S): 6700

62.50

JOB# 1 TOTALS

LABOR

62.50

JOB# 2 CHARGES

JOB# 1 JOURNAL PREFIX FICS JOB# 1 TOTAL

62.50

LABOR

STEERING/SUSPENSION  
CHECK WHEN DRIVING VEHICLE ESP WITH WEIGHT IN BACK VEHICLE  
FEELS LIKE IT IS LOOSE LIKE YOU HAVE TO COMPENSATE STEERING  
CHECKED AND ADVISED CUSTOMER NEEDS TIRES WITH STRONGER  
SIDE WALLS AND POSSIBLE REAR STABILIZER

TECH(S): 6700

0.00

JOB# 2 TOTALS

JOB# 2 JOURNAL PREFIX FICS JOB# 2 TOTAL

0.00

COMMENTS

TOTALS

|                  |       |
|------------------|-------|
| TOTAL LABOR      | 62.50 |
| TOTAL PARTS      | 0.00  |
| TOTAL SUBLET     | 0.00  |
| TOTAL G.O.G.     | 0.00  |
| TOTAL MISD CHG.  | 0.00  |
| TOTAL MISD OISC  | 0.00  |
| TOTAL TAX        | 0.00  |
| TOTAL INVOICE \$ | 62.50 |

THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE

PAID

DATE: 07/07/00

DEC 07 2000

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PAGE 1 OF 1

CUSTOMER COPY

END OF INVOICE

YOU MAY BE SURVEYED REGARDING YOUR SERVICE VISIT. IF FOR ANY REASON YOU CAN NOT MARK ☒ "COMPLETELY SATISFIED" PLEASE CONTACT YOUR ADVISOR AS SOON AS POSSIBLE.



**FORD, INC.**  
320 East Ireland Road  
SOUTH BEND, INDIANA 46614  
(219) 291-6910  
www.gurleyloop.com

For your convenience we accept the following credit cards



INVOICE NUMBER  
ICS357692

CUSTOMER NUMBER  
21943

NAME  
KELLY 7886

LABOR NO. F-USE NO.

INVOICE  
82348

YEAR MAKE MODEL  
86/FORD TRUCK/CONDOMINE E150 12 000

VEHICLE NO.  
1FMEET1N8SHB73062

F-USE NO. F-USE NO.

COLOUR  
RED/WHITE

BOOK NO.

COMMENTS

DELIVERY MILES  
52298

SELLING DEALER NAME

PRINT NUMBER  
221800

DATE

PRINT NUMBER

DATE

PRODUCTION DATE



WE SERVICE ALL MAKES  
AND MODELS

BUICK • GMC TRUCK • MERCEDES BENZ • CADILLAC  
OLDSMOBILE • CHRYSLER • PLYMOUTH • DODGE  
DODGE TRUCKS • FORD • HONDA • PONTIAC • TOYOTA  
HONDA • AUDI • VOLKSWAGEN • DAEWOO

JOB# 1 CHARGES

LABOR

BRKES

TECH(S): 5100

250.00

CHECK AUTO LOCK WORK SYSTEM  
CHECKED SYSTEM LAST TIME PUT ON SPECIAL ORDER PART  
RECHECK SYSTEM OR AT THIS TIME

PARTS

QTY

FP. NUMBER

DESCRIPTION

UNIT PRICE

542.32

1

FORD 25386 AMM

CONTR. 1ST. ROK

109.00

1

FORD 25386 AMM

CONTR. 1ST. ROK

2.06

1

FORD 25386 AMM

CONTR. 1ST. ROK

444.39

1

FORD 25386 AMM

CONTR. 1ST. ROK

444.39

JOB# 1 TOTALS

LABOR

PARTS

250.00

JOB# 1 JOURNAL PREFIX FICS

JOB# 1 TOTAL

LABOR

694.39

MISC. CODE

SSUP

CONTROL NO.

21.32

TOTALS

SSUP

CONTROL NO.

21.32

JOB# 1 TOTALS

SSUP

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CONTROL NO.

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JOB# 1 TOTALS

SSUP

CONTROL NO.

21.32

AT GURLEY-LOOP OUR GOAL IS YOUR COMPLETE SATISFACTION!  
YOU MAY BE SURVEYED REGARDING YOUR SERVICE VISIT. IF FOR ANY REASON YOU  
CAN NOT MARK ☒ "COMPLETELY SATISFIED" PLEASE CONTACT YOUR ADVISOR AS  
SOON AS POSSIBLE. THANK YOU!

DEC 18 2000



LABOR CHARGE

**COLLEGE-BEINGING WOMEN**

• 1984 FEB 15 15:41

