



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: ●

Form Approved O.M.B. No. 2127-0008

FOR AGENCY USE ONLY

Date Received: 8/28/01
Reference No. _____
Other: _____
Title: _____
Address: _____
City: _____
State: _____
Zip: _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1FTEF1AN7SN A29792		FORD	F150 4x4	11/94	1995
VEHICLE MANUFACTURER					
<input type="checkbox"/> BMW <input checked="" type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> DaimlerChrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW					
PURCHASE DATE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
11-26-94		RICART FORD	Columbus	OH	43227
ENGINE SIZE	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
5.0	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 3-Point Belt
NO. CYLINDERS	CRUISE CONTROL				
8	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE	
<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> 4-Wheel		<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	<input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Sedan <input type="checkbox"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES	To report defective or failed tires 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="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Spring etc <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
FAILED PART(S)	VEHICLE SPEED AT INCIDENT	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?
<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Approx. 20 MPH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HANDICAPPED ADAPTIVE			
<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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 0 <input checked="" 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	<input checked="" type="checkbox"/> Wear/Corrosion/Rust <input type="checkbox"/> Weak/Poor mt'l. conc. <input type="checkbox"/> Crl./Turr. <input type="checkbox"/> Disconnect/Fat. Cr. <input type="checkbox"/> Erratic/Poor Performance <input checked="" type="checkbox"/> Excessive Etor.	<input type="checkbox"/> Noisy <input checked="" type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Slacks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken
	FIRE	NUMBER OF FATALITIES		<input type="checkbox"/> Explosion/Fire <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Shift <input type="checkbox"/> Sudden Acceleration
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 0 <input checked="" 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



03523

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

Was traveling on a county road approximately 2 miles from home. I heard the steering pump start growling when I made steering corrections on the road so I decided to take the next available road to turn the truck towards home since I was close to home. When I tried to turn on to the road I very narrowly missed hitting a N. S-10 Chevy in the drivers door - luckily I'd recently had the brakes repaired due to another failure on this vehicle. I believe the S-10 driver would have been seriously injured. The steel part of the steering bases were rusted & one of them had rusted through causing the fluid to spray out under pressure & thereby emptied the power steering reservoir causing a loss of steering capability.

Continue on additional page if necessary.

Describe any additional lockouts. (include date and mileage)

The Privacy Act of 1974 (Public Law 93-579) The information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. You are under no obligation to respond to the questionnaire. Your response may be used to assess the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. The NHTSA provides a similar right of redress to the manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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HS Form 350 (Rev. 8/93)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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

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

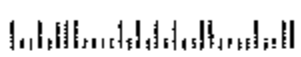
U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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



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



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