



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 9/19/01	Call or Fax or E-mail
Reference No.	

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1FDXE4D50XHC09593	VEHICLE MAKE Ford	VEHICLE MODEL F100A	MANUFACTURE DATE	MODEL YEAR 2000
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"/> Daihatsu/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Isuzu <input type="checkbox"/> Toyota <input type="checkbox"/> VW				
PURCHASE DATE 6/25/01	DEALER'S NAME DIXIE CAMPERS STAS, INC.	CITY Albany, NY	STATE NY	ZIP CODE 28002
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injector	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
NO. CYLINDERS 4-10	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passenger Airbag <input checked="" type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other NOTE <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle TRUCK	DOORS <input checked="" type="checkbox"/> 2 Door <input type="checkbox"/> 4 Door	BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Clutch Seal <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 type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Window Systems <input checked="" type="checkbox"/> Other TIRE - BLOW OUT	NO. OF FAILURES ① ● ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	INCIDENT DATE 8/3/01	TIRE NAME Firestone	COMPLETE TIRE SIZE LT225/75R16MS10R45	
	MILEAGE AT INCIDENT 6000	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	STEELTET - RADIAL R 45	
	VEHICLE SPEED AT INCIDENT 55 mph	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		

HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Compared/Rust <input type="checkbox"/> Wear/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fel. Ct <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Loose/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <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"/> Recovery <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱	BAD TIRE	

PLEASE DO NOT WRITE IN THIS AREA



04439

crash(es), location(s), and injury(ies). Include additional accidents if applicable.

We had a Blow-out
of Tires - tires were
correct in place.
Cost of changing
tires was \$55.00.
The tire had 1000
miles and firestone
store changed me
half price of a new
tire; \$8.00 - would
not do full ~~set~~
Replacement of tires,
which I think they
should have.

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 Act and subsequent amendments, which give me, 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.

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HR Form 350 (Rev. 8/99)

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NECESSARY
IF MAILED
IN THE
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

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

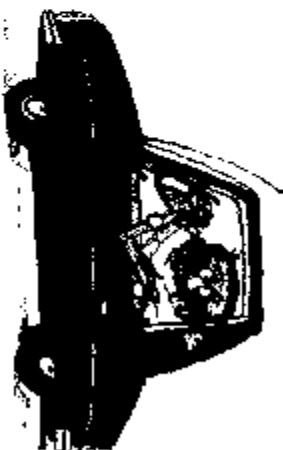
DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hotline