



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383  
 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: 10/3/01  
 Reference No.: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Unit: \_\_\_\_\_

### 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
1A1ME20S4YE6H2215		FORD	F250	1/2/2000	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	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
		SANDERSON - FORD	GLENDALE	AZ	85301
ENGINE SIZE (CID/CC)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
NO. CYLINDERS: <u>10</u>	<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 Air bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Air bag <input type="checkbox"/> Midairbell <input type="checkbox"/> 3-Point Belt CRUISE CONTROL: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE	
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	<input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	<input checked="" type="checkbox"/> 2 Door <input type="checkbox"/> 4 Door	<input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input checked="" type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Stationwagon	

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

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Warnings <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"/> Visual Systems <input checked="" type="checkbox"/> Other: <u>WHEEL VALVE STEMS</u>	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	<u>3</u>	INCIDENT DATE	TIRE NAME
	<u>9/4/2001</u>	MILEAGE AT INCIDENT	COMPLETE TIRE SIZE
	<u>6000</u>	VEHICLE SPEED AT INCIDENT	TIRE BRAND
FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" 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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input checked="" type="checkbox"/> No	<u>0</u>	<input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input checked="" type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/hell OF <input type="checkbox"/> Friction/Poor Performance <input type="checkbox"/> Excessive Effort	<input type="checkbox"/> Explodes or 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	NUMBER OF FATALITIES		
	<input checked="" type="checkbox"/> No	<u>0</u>	<input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Rattl <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Blinks	

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.

THE - VALVE - SYSTEMS  
TO - AIR - TIRES - FAILURE  
RESULTING - IN - FLAT  
TIRES. THIS WAS THREE  
3 FAILURES IN THE  
SAME MANNER - THE RUBBER  
PART OF THE STEM  
SPLIT OPEN, THREE  
FAILURES WITHIN 200  
MILES. ONE INCIDENT  
RESULTED IN TWO FLAT  
TIRES AT SAME TIME  
A VERY DANGEROUS  
SITUATION. THE DEALER  
AND - FORD - WOULD NOT  
ADDRESS THE PROBLEM.

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 response 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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HS Form 350 (Rev. 8-99)

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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

Official Business  
Penalty for Private Use \$300



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)