



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 <b>10-15-01</b>	Order # _____
Reference No. _____	Product # _____
	Up to # _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

ZIP CODE + 4 \_\_\_\_\_

AREA CODE \_\_\_\_\_

NAME \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP CODE \_\_\_\_\_

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
_____	_____	_____	_____	_____
<b>VEHICLE MANUFACTURER</b> <input type="checkbox"/> BMW <input 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"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW				
PURCHASE DATE <input type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
_____	_____	_____	_____	_____
ENGINE SIZE (CID/CCA) _____ NO. CYLINDERS _____	FUEL SYSTEM <input type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injector	FUEL TYPE <input type="checkbox"/> Diesel <input type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> Rear		VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		RESTRAINT SYSTEM <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt
		DOORS <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	CRUISE CONTROL <input type="checkbox"/> Yes <input type="checkbox"/> No	
		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

<b>COMPONENT</b> <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 type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____	NO. OF FAILURES ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	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 <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input 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>FAILED PART(S)</b> <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	NUMBER OF PERSONS INJURED ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Loose <input type="checkbox"/> Short <input type="checkbox"/> Loose/Sticks/Obsts <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"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF FATALITIES ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		

PLEASE DO NOT WRITE IN THIS AREA



04996

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

1st Victim Robert Woodhams  
Car 51V's Headlight Bulbs  
Picked Up From A Restaurant  
Part of These Bulbs As Wood  
Injured Using The Headlight  
Woodhead Returned To The Facility  
To Higher And Handled.

Vehicle Headlight Bulb  
Presented On At Night In The  
Very Technical, Especially  
When Vehicle Took Out  
Curve On At The Corner  
This. They Literally Said  
They On Snow As Road Is  
Especially Bad.  
They Had 61570222  
Regional Engineer On Road Is  
Presented.

It Is Not The Headlight Bulb  
Because To The Headlight Bulb  
Can Be As A Headlight Bulb  
In Headlight

Cont. [Redacted]

**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 information. 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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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  
(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



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