



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 1/18/02 | OD-01 _____ |
| Reference No. | rt-dt _____ |
| | od-t _____ |
| | od-tr _____ |

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

| | | | | | |
|---|--|--|--|--|---|
| VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) | | VEHICLE MAKE | VEHICLE MODEL | MANUFACTURE DATE | MODEL YEAR |
| 12488892WC | | Ford | Metro | 2000 | 2000 |
| 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 _____ <input type="radio"/> Daimler/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 checked="" type="radio"/> New <input type="radio"/> Used | DEALER'S NAME | CITY | STATE | ZIP CODE |
| | | Marco Zambro | Houston | TX | |
| ENGINE SIZE (CID/CC/L) | FUEL SYSTEM | FUEL TYPE | TRANSMISSION TYPE | ANTILOCK BRAKES | RESTRAINT SYSTEM |
| | <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection | <input type="radio"/> Diesel <input type="radio"/> Gas | <input type="radio"/> Manual <input checked="" type="radio"/> Automatic | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Driver-side Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger-side Airbag <input type="radio"/> Motorcyclist <input type="radio"/> 3-Point Soft |
| NO. CYLINDERS | | | | | CRUISE CONTROL |
| | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| DRIVETRAIN | VEHICLE TYPE | | DOORS | BODY STYLE | |
| <input checked="" type="radio"/> Front <input type="radio"/> Rear | <input checked="" type="radio"/> Car <input type="radio"/> Van | <input type="radio"/> Minivan <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle | <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door | <input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck | <input checked="" type="radio"/> Sedan <input type="radio"/> Stationwagon |

| | | | | |
|--|--|--|---|---|
| FAILED COMPONENT(S)/PART(S) INFORMATION COMPONENT <i>You should have a new car</i> <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input checked="" type="radio"/> Heater Defrost Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <i>Problems w/ body, tire, axle</i> <i>I'll get a print out of all the things my car has been in shop</i> <i>I'll get a print out of all the things</i> | | | NO. OF FAILURES <input type="text"/> (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 10/00 | | TIRE NAME Goodyear | | |
| MILEAGE AT INCIDENT start having problems at 3400 (now) 29912 | | COMPLETE TIRE SIZE 13 | | |
| VEHICLE SPEED AT INCIDENT 60 | | TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____ | | |
| FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement | | | | |
| HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No | FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No | NHTSA PREVIOUSLY CONTACTED? <input checked="" type="radio"/> Yes <input 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 <input type="radio"/> Yes <input type="radio"/> No | NUMBER OF PERSONS INJURED <input type="text"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) | CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Noisy <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Disconnect/Fal Off <input type="radio"/> Loose/Sticks/Grabs <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input type="radio"/> Broken |
| | FIRE <input type="radio"/> Yes <input type="radio"/> No | NUMBER OF FATALITIES <input type="text"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) | |

PLEASE DO NOT WRITE IN THIS AREA



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