



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>

Form Approved: C.M.B. No. 2127 01

**FOR AGENCY USE ONLY**

Date Received	Order
3/4/02	
Revised No.	Page

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) Located at bottom of windshield on driver's side 1FMEU15H5SLA03715		VEHICLE MAKE FORD	VEHICLE MODEL BRONCO	MANUFACTURE DATE 1995	MODEL YEAR 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 1997		DEALER'S NAME WESTSCOTT MOTORS	CITY NATIONAL CITY
ENGINE SIZE 100/CC/2 351	FUEL SYSTEM <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input type="checkbox"/> Yes <input type="checkbox"/> No	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle	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"/> Station Wagon		

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

COMPONENT <input type="checkbox"/> Clutch <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input checked="" 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 checked="" 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 2	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 1-19-02	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 2 Miles	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT Parked	<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	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" 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	

## 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 0	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Contact/Rub <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Door/Seat/Tail Off <input type="checkbox"/> Error/Poor Performance <input type="checkbox"/> Excessive Force <input type="checkbox"/> Noisy <input checked="" type="checkbox"/> Leaky <input type="checkbox"/> Short <input type="checkbox"/> Locks/Shocks/Struts <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Buckle	RESULT OF INCIDENT <input checked="" type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor vis ability <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF FATALITIES 0		

PLEASE DO NOT WRITE IN THIS AREA



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

DRIVE BRONCO TO RV STORAGE 2 MILES FROM HOME 8639 TROY ST, SPRING VALLEY, CA 91919. WORKER ON MOTOR HOME FOR 15 MIN GOT BACK IN BRONCO, STARTED BRONCO. NOTICED SMOKE COMING FROM UNDER HOOD. I OPENED HOOD NOTICING FIRE AND COMPLETE MELT DOWNS OF MASTER BRAKE CYLINDER UNIT/RESERVOIR WHICH IS MADE OF PLASTIC (PICTURES INCLUDED)

MASTER WIRE HARNESS IS NEAR PLASTIC MASTER BRAKE CYLINDER, SOME WIRING ARE UNDERWIRE UNIT. CAUSE: OIL, BRAKE FLUIDS LEAKING FROM PLASTIC RESERVOIR CAUSING WIRE TO DISOLVE THEM CAUSING FIRE TO START WHEN STARTING. URGENT, GIVE ME A BREAK.

Continue on additional page if necessary.  
Describe any additional incidents. (include date and mileage)  
The Privacy Act of 1974—Public Law 93-502 The information is requested pursuant to section 104 of 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 manufacturing problem exists and to issue a safety recall. The NHTSA receives correspondence with administrative involvement in 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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MS Form 340 (Rev. 8/98)

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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

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 (VOQ)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

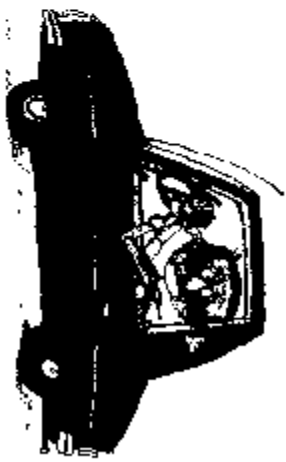
**DASH 2 DOT**

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)

THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(B)(6)

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