



US Department of Transportation
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline
Vehicle Owner's Questionnaire**
TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

POSTED RECEIVED

01 JAN 16 PM 2:28

OFFICE DEFECTS INVEST

559013

Daytime Telephone Number

Reference No.

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Street: [REDACTED]
City: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 1/10/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (Located at bottom of windshield on driver's side): 3FTNX21L9YM947056
Make: FORD
Model: SUPER CAB F-250
Year: 2000

Purchased Date: 5-12-00
Dealer's Name: McDONALD FORD SALES, INC.
Dealer's City: NORTHVILLE
State: MI.
Zip Code: 48167

Engine Size (CID/CC/L): 5.4L
No. Cylinders: 8
 Turbo Diesel Gas Fuel Injection

Manufacture Date (on driver's door or pillar): 04-00
Transmission Type: Manual Automatic
Restraint System: Driverside Air Bag Motorbelt Passengerside Air Bag 2-Point Belt 3-Point Belt
Cruise Control: Yes No
Drivetrain: Front Rear 4-Wheel
Vehicle Type: Car Sport Utility Truck Van Minivan Motorcycle Other
Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: _____ Tire Name: _____ Complete Tire Size: _____

No. of Failures: _____ Date(s) of Failure(s): _____
Mileage at Failure(s): _____ Vehicle Speed at Failure(s): _____

Failed Part(s) Available? Yes No
NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

PLEASE SEE BACK.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

4 SPEED, MANUAL TRANS WITH OVERDRIVE. TRANS HAS CLUNK WHEN SHIFTING GEARS AND AT LOWER SPEEDS IT WILL JERK. I WAS FIRST TOLD THERE WAS A PROBLEM, IT WOULD BE FIXED. WHEN I PICKED TRUCK UP I WAS TOLD THERE IS NO PROBLEM. TALKED TO ANOTHER PERSON AT THE DEALERSHIP AND WAS TOLD, "FORD IS WORKING ON THE PROBLEM." WHEN I BROUGHT THE TRUCK BACK THE THIRD TIME, THE SERVICE PERSON TOLD ME HE DIDN'T KNOW ANYTHING ABOUT FORD WORKING ON THE PROBLEM. I'M CONFUSED.

I DO NOT KNOW IF THIS IS A SAFETY-RELATED PROBLEM, HOWEVER, SINCE IT INVOLVES THE TRANSMISSION, I STRONGLY BELIEVE IT COULD BE.

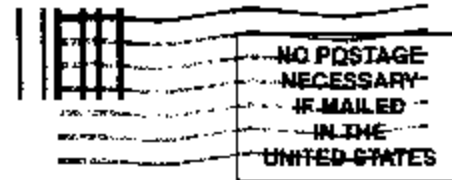
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



BUSINESS REPLY MAIL
FIRST CLASS 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



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S
QUESTIONNAIRE
(VQQ)**

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COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

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