

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received

13-JUL-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

725398

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield or on vehicle)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTDF15Y3SNA18957	FORD TRUCK	F150	1995	

Purchase Date 01-MAR-1996	Dealer's Name _____	Engine Size (CID/CCL) 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	---	--	---	---	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06320000	Part Name(s) FUEL:FUEL INJECTION:ELECTRICAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
------------------------------	---	--	---

No. of Failures 1	Date(s) of Failure(s) 09-MAY-2000 Mileage at Failure(s) 57000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------	--	---	---

APPLICATION 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	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---------------------------------------	----------------------------------	---------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I WAS FILLING A FIVE GALLON METAL GASOLINE CAN WHILE IT WAS SETTING IN THE BED OF THE TRUCK ON THE PLASTIC BEDLINER. WHEN I STARTED TO REMOVE THE PUMP NOZZLE FROM THE CAN A STATIC ELECTRICITY SPARK IGNITED THE CAN. I WAS BURNED ON FACE, HANDS AND ARMS. I HAD SECOND DEGREE BURNS ON HANDS AND ARMS. THE TRUCK WAS TOTALED AS WELL. I PURCHASED ANOTHER 1995 FORD F-150 TO REPLACE IT. THE DEALER, AL WHITE FORD, PLACED A STICKER IN THE REAR WINDOW WARNING OF THIS HAZARD. THE DEALER SAID THIS IS THE RESULT OF INSTRUCTIONS FROM FORD. IT IS GRATIFYING THAT EDUCATION EFFORTS HAVE BEEN IMPLIMENTED. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-579 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.