



U.S. Department of Transportation

National 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**

Data Received  <b>31-AUG-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. <b>729769</b>	

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>(Listed at front of windshield or drivers side)</small> <b>1FMDU15N1HLA34289</b>	Vehicle Make <b>FORD TRUCK</b>	Vehicle Model <b>BRONCO</b>	Vehicle Year <b>1987</b>	Current Odometer Reading
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Purchase Date <b>01-NOV-1996</b>	Dealer's Name _____	Engine Size (CID/CYL) <b>302</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>08510000</b>	Par. Name(s) <b>ELECTRICAL SYSTEM:IGNITION:SWITCH</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures <b>4</b>	Date(s) of Failure(s) <b>24-AUG-2000</b> Mileage at Failure(s) <b>133000</b> Vehicle Speed at Failure(s) <b>40</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

I HAVE HAD THIS VEHICLE FOR 4 YEARS AND I HAVE HAD IGNITION PROBLEMS 4 TIMES. I HAD THE IGNITION REPLACED 3 TIMES. 3 MONTHS AGO I WENT TO PICK UP MY DAUGHTERS FROM SCHOOL AND IT WOULD NOT WHEN WE WERE GOING TO LEAVE THE SCHOOL. I HAD TO LEAVE IT THER AND COME SEVERAL HOURS LATER. WHEN I RETURNED I PLAYED WITH THE IGNITION A LITTLE BIT AND IT STARTED. IT WAS FINE FOR A COUPLE OF DAYS THEN IT WOULDN'T START AT ALL. I HAD IT TOWED TO MY MECHANIC AND HE SAID IT WASN'T GETTING ANY FUEL PRESSURE. HE REPLACED A CORRODED WIRE AND SECURED FUEL PUMP& FILTER PROPERLY. IT FINE AGAIN FOR A COUPLE OF WEEKS AND IT STARTED HAVING THE SAME PROBLEM. IT WOULDN'T START! I HAVE TO KEEP PLAYING WITH THE IGNITION BEFORE IT WILL CRANK OVER. SOMETIMES IT WILL SOMETIMES IT WON'T. IT HAS STALLED O

CONTINUED ON BACK PLEASE

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.