

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

14-OCT-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

734336

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 front of windshield on drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FDEE14H3NHB31800                                                                        | FORD TRUCK   | ECONOLINE     | 1992         |                          |

|                                                                       |                                       |                               |                                                                                                                                                         |
|-----------------------------------------------------------------------|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><b>01-SEP-1992</b>                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) 351 CI | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____            |                                                                                                                                                         |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                               |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                       |                                                                                                    |                                                                                                                                          |                                                                                             |
|-----------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>08500000 | Part Name(s)<br>ELECTRICAL SYSTEM:IGNITION                                                         | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br>4   | Date(s) of Failure(s) 15-DEC-1995<br>Mileage at Failure(s) 20065<br>Vehicle Speed at Failure(s) 40 | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

ALMOST IMMEDIATELY AFTER THE EXPIRATION OF WARRANTY, THE VEHICLE BEGAN TO STALL WHILE DRIVING IN WARM CLIMATES. THE FORD DEALER HAD NO SOLUTION AND ON ONE TRIP TO LAS VEGAS (GAUDIN FORD OF VEGAS) REPLACED THE MAIN COMPUTER AT A COST OF OVER \$600 SO WE COULD GET BACK TO LOS ANGELES. NOW I SEE IN THE HEADLINES OF THE PAPER A CLASS ACTION SUIT AGAINST FORD FOR VEHICLES DOING THE EXACT SAME THING WE EXPERIENCING. WHEN I CALLED FORDS CONSUMER LINE THEY SAID THERE WAS NO RECALL AT THIS TIME AND NOT TO BOTHER CALLING THEM! THIS VEHICLE IS DANGEROUS AS IT STOPS RUNNING WITH OUT WARNING LEAVING NO POWER STEERING, NO BRAKES AND LOSS OF CONTROL AT HIGHWAY SPEEDS. WE NEED HELP WITH THIS PROBLEM AS WE ARE UNABLE TO USE THE VEHICLE AS IS AND WE REFUSE TO PASS T

CONTINUED ON BACK (SEE)

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.



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of Transportation  
**National Highway  
Traffic Safety  
Administration**

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## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

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Date Received

14-OCT-2000

Ord. or  
rt. dt  
pd. rt  
up. ltr

Reference No.

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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO  
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Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

|                                                                                                                                                                                                                                                                            |                                                                                           |                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Location at bottom of<br/>windshield and driver's side<br/>door)</small><br><b>1FDEE14H3NHB31800</b>                                                                                                                                   | Vehicle Make<br><b>FORD TRUCK</b>                                                         | Vehicle Model<br><b>ECONOLINE</b>                                                                                                                                                                                                                      | Vehicle Year<br><b>1992</b>                                                              | Current Odometer Reading                                                                                                                                |
| Purchase Date<br><b>01-SEP-2002</b>                                                                                                                                                                                                                                        | Dealer's Name _____                                                                       |                                                                                                                                                                                                                                                        | Engine Size<br>(CID/CC/L) <b>351 CI</b>                                                  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                      | City _____ State _____ Zip Code _____                                                     |                                                                                                                                                                                                                                                        | No Cylinders _____                                                                       |                                                                                                                                                         |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                 | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                           |
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| Component<br><b>08500000</b> | Part Name(s)<br><b>ELECTRICAL SYSTEM:IGNITION</b> | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failure<br><b>4</b>   | Date(s) of Failure(s)<br><b>15-DEC-2005</b>       | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |
|                              | Mileage at Failure(s)<br><b>20065</b>             |                                                                                                                                          |                                                                                             |
|                              | Vehicle Speed at Failure(s)<br><b>40</b>          |                                                                                                                                          |                                                                                             |

## APPLICATION INCIDENT INFORMATION

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|                                                                   |                                                                             |                           |                      |                          |                                                                                           |
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| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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CONTINUE ON REVERSE

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