



**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  25-OCT-2000	Ord_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  735155	

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>1FTEX14H2TKA38992</b>	Vehicle Make <b>FORD TRUCK</b>	Vehicle Model <b>F150</b>	Vehicle Year <b>1996</b>	Current Odometer Reading
---	-----------------------------------	------------------------------	-----------------------------	--------------------------

Purchase Date <b>01-FEB-1998</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>5.8L</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
--	---	--	--	---	--	--

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

Component <b>08500000</b>	Par. Name(s) <b>ELECTRICAL SYSTEM:IGNITION</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
------------------------------	---	---	---

No. of Failures <b>15</b>	Date(s) of Failure(s) <b>25-OCT-2000</b> Mileage at Failure(s) <b>65570</b> Vehicle Speed at Failure(s) <b>15</b>	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------	----------------------	---------------------------	---

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

**VEHICLE INTERMITTENTLY STALLS AT SLOW SPEEDS. I STARTED LOGGING DATES AND MILEAGE OF STALLS SINCE SEPTEMBER 1998. DEALER HAS TRIED SEVERAL TIMES UNSUCCESSFULLY TO DIAGNOSE AND CORRECT PROBLEM. INFORMED ME IN OCTOBER 8, 1998 LETTER THAT THEY WERE DISCONTINUING SERVICE ON MY TRUCK. LETTER STATES, "IF AND WHEN THE VEHICLE BEGINS TO EXHIBIT THIS CONCERN AT A FREQUENCY THAT WOULD BE CONSIDERED ABNORMAL BY FORD STANDARDS, WE WILL BE HAPPY TO MEET WITH YOU TO DISCUSS OUR OPTIONS." WHAT IS "ABNORMAL BY FORD STANDARDS?" WHEN SOMEONE DIES AS A RESULT OF THIS PROBLEM? \*AK**

CONTINUED ON BACK (REVERSE)

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.