



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

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

FOR AGENCY USE ONLY 258

Date Received

26-APR-2001

Ord or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

744619

Work Number 510 286 2842

Home Number 707 554 9671

OWNER INFORMATION (Type or Print)

AMER HERRERO 689871
121 HILLVIEW DRIVE
VALLEJO CA 94591

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) (Location at bottom of and/or above dashboard)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FDKE30G3NHA33961	FORD TRUCK	ECONOLINE	1992	

Purchase Date 01-MAY-1993	Dealer's Name _____	Engine Size (CID/CC/L) <u>7.5L</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02400000 05100000 11600000	Part Name(s) SUSPENSION: SINGLE AXLE: REAR ENGINE AIR CONDITIONER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) <u>01-JUN-1994</u> Mileage at Failure(s) <u>18500</u> Mileage at Failure(s) <u>50</u>	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.