Form Approved: OMB No. 2127-0042

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: 27-JUL-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 749349

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FDEE14H6MHA92425	FORD TRUCK	E150	1991	

Purchase Dat				
01-MAR-1999 ☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio	

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
08210000 08400000 12312000	ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR ELECTRICAL SYSTEM:FUSE AND FUSE RECEPTICLE INTERIOR SYSTEMS:TRACKS AND ANCHORS:FRONT SEAT:POW	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)_____ Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
3		☐ Yes ☐ No	☐ 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)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

WE HAVE SPENT MONEY TRYING TO FIX THE SAME PROBLEMSON OUR VAN OVER AND OVER WE HAVE A HANDICAP CHILD THAT HIS LIFE DEPENDS ON THE FUNCTION OF THE VAN WHEN WE PURCHASED THE VAN WE INFORMED DEALER OF THIS AND HE STATED THAT THE VAN WAS IN GREAT CONDITION TO TRAVEL ANY WHERE. WE ALSO LET THEM KNOW THAT OUR CHILD TRAVELS BACK AND FOURTH FROM CHAMPAIGN ILLINOIS TO CHICAGO ILLINOIS TO GO TO DIFFRENT HOSPITALS AND VISIT FAMILY. WITHIN THE FIRST DAYS THAT WE PURCHASED THE VAN IT STARTED TO HAVE PROBLEMS AND THE ALTERNATOR GAVE OUT AND DRAINED THE BATTERY HILL. FORD DID REPLACE THE PARTS BUT SINCE THEN WE CONTINUE TO HAVE TO REPLACE THIS PARTS FREQUENTLY. HILL FORD MADE AN ATTEMPT TO FIX THE FUEL PROBLEMS WITH THE VAN BUT ABOUT A MONTH AFTER SERVICE IT WENT BACK TO HAVING

CONTINUED ON REVERSE