



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

30-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

749449

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 windshield and driver's side door) 1FTEX15N1NKA11547	Vehicle Make FORD TRUCK	Vehicle Model F150	Vehicle Year 1992	Current Odometer Reading
Purchase Date 01-JUN-1995	Dealer's Name _____		Engine Size (CID/CC/L <u>5.0CC</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 Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08210000	Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Date(s) of Failure(s) 14-JUL-2001 Mileage at Failure(s) 180000	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)

Crash ☐ Yes ☐ No	Fire ☒ Yes ☐ No	Number of Persons Injured 0	Number of Fatalities 5	Estimated Property Damag	Reported to Police ☒ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WE ARRIVE IN THE CAR FROM A CHURT ACTIVITY AT 1130 PM .PARKED TRUCK AND GET TO THE HOUSE IN ORDER TO SLEEP. THE SMELL TO BURN RUBBER ALERT US AT 1200PM .THE CAR IGNITION BEEN OFF AND IN THE GARRAGE. *AK

COPIES OF THIS FORM ARE:

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.