



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

16-OCT-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
ip\_lr \_\_\_\_\_

Reference No.

753299

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)<br><small>(Locate at bottom of<br/>windshield or driver's side<br/>door)</small>                                                                                                                                                       | Vehicle Make                                                                              | Vehicle Model                                                                                                                                                                                                                                          | Vehicle Year                                                                             | Current Odometer Reading                                                                                                                                |
| 1FTEF15Y3TLA52363                                                                                                                                                                                                                                               | FORD TRUCK                                                                                | F150                                                                                                                                                                                                                                                   | 1996                                                                                     |                                                                                                                                                         |
| Purchase Date<br>01-JAN-1996                                                                                                                                                                                                                                    | Dealer's Name _____                                                                       |                                                                                                                                                                                                                                                        | Engine Size<br>(CID/CC/L) 4.9L                                                           | <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 type="checkbox"/> Yes<br><input checked="" 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 Util<br><input 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 checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                 |                                                                                          |                                                                                                                                                         |

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

|                       |                                                                              |                                                                                                                                          |                                                                                             |
|-----------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>05150022 | Part Name(s)<br>ENGINE:GASKETS:OIL PAN                                       | 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>1    | Date(s) of Failure(s)<br>C1-JAN-2001<br>68000<br>Mileage at Failure(s)<br>25 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<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<br>0 | Number of Fatalities<br>0 | Estimated Property Damag<br>0 | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|-------------------------------|-------------------------------------------------------------------------------------------|

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

I CONTACTED SUTTON FORD AND QUICKLY REALIZED THAT THEY WOULD NOT HELP. I THEN CONTACTED ELIZBETH PAGLIVCA AT FORD IN DEARBORN, MICHAGAN. HER PHONE NUMBER IS 313-322-3000 ASK FOR THE EXECUTIVE OFFICE AND THEN FOR ELIZBETH. SHE MADE ME BRING THE TRUCK IN SO A FORD MECHANIC COULD DO THE INSPECTION. SUTTON CHARGED ME 29.95 FOR LOOKING AT THE OIL PAN AND AGREEING THAT THE PAN HAD RUSTED THROUGH. I WAS TOLD OUT IN THE SHOP THAT THIS IS A COMMON PROBLEM WITH A 96 TRUCK. ELIZABETH AT FORD THEN INFORMED ME THAT THIS IS A COMMON PROBLEM AND IS NOT FORDS RESPONSIBILITY TO REPAIR. I EXPLAINED THAT I HAVE NEVER HAD AN OIL PAN RUST THROUGH, EVER, ESPECIALLY WHEN THE TRUCK ONLY HAS 70-75,000 MILES ON IT. I ASKED WHAT I SHOULD PUT ON THE OIL PAN ON MY \$30,000.00 WINDSTAR TO MAKE SURE THAT OIL

CONTINUE ON 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.