Form Approved: OMB No. 2127-0001

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: 28-JAN-2002

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

Reference No.: 757462

[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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2FMZA5147WBD08112	FORD TRUCK	WINDSTAR	1998	

Purchase Dat			
01-JUL-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)
06011080	FUEL:LPG GAUGE:FLOAT:SENDER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	23-JAN-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s) 65490		
	Vehicle Speed at Failure(s) 35		

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)

I WAS INFORMED THAT THE PROBLEM WAS RECALLED IN 1998. I INFORM THE LOCAL DEALER OF OF THIS RECALL AND ASKED IF THIS PROBLEM COULD BE FIXED. HE STATED THAT THE RECALL HAS EXPIRED AND THAT THE FORD DEALERSHIP WOULD NOT PAY FOR THIS. I FEEL THAT SINCE I WAS NOT NOTIFIED OF THIS AT ANYTIME. I WAS NOT ABLE TO TAKE THE VEHICLE IN TO GET FIXED. THE INFOMATION PERTAINING TO THIS IS: 97B17 (PROGRAM NUMBER) ISSUE DATE: FEB 98 RECALLM - FUEL GAUGE/SENDER ASSEMBLY." REASON FOR THIS PROGRAM: THE FUEL GAUGE IN THE INSTRUMENT CLUSTER OF YOUR VEHICLE MAY READ APPROXIAMATELY 1/4 FULL WHEN THERE IS VERY LITTLE FUEL IN THE FUEL TANK. THIS COULD CAUSE YOU TO EXPERIENCE THE INCONVENIENCE OF RUNNING OUT OF

CONTINUE ON BACK OF SHEET