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: 26-APR-2002

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

Reference No.: 761232

[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
2FMDA5143TBB97273	FORD TRUCK	WINDSTAR	1996	

Purchase Dat			
01-MAR-2001 ☐ 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)
06135000 06400000	FUEL:FUEL FILTER LINE FUEL:THROTTLE LINKAGES AND CONTROL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	05-APR-2002 Mileage at Failure(s _____ Vehicle Speed at Failure(s) 55	☐ 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	1	0		☐ Yes ☒ No

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

WHILE DRIVING IN THE COUNTRY WHERE I LIVE WITH THREE CHILDREN AT THE BASE OF THE MOUNTAIN TO HEAD 20 MILES TO MY HOME I PRESSED ON THE ACCELERATOR AND THE VEHICLE LOST POWER AND WENT NOWHERE. COULD NOT DRIVE OVER 35 MPH. WAS SEEN BY A BODY SHOP AND THEY REPLACED FUEL FILTER AND RETURNED VEHICLE TO ME. SECOND OCCASION DRIVING DOWN THE MOUNTAIN AT 55MPH A STRONG JERK WHIPLASHED MYSELF AND HAS CAUSED INJURY IN MY BACK TOOK TO BODY SHOP AND NEEDS NEW TRANSMISSION AND MUST BE TOWED. VAN STILL SITTING AT BODY SHOP NOW FOR 2 WEEKS AS I HAVE 3 CHILDREN AND NOW NO TRANSPORTATION...THANKS FORD.

CONTINUE OTHER SIDE IF NEEDED