

785884

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 2/19/02 1:28PM
Subject: Car Talk VOQ submission

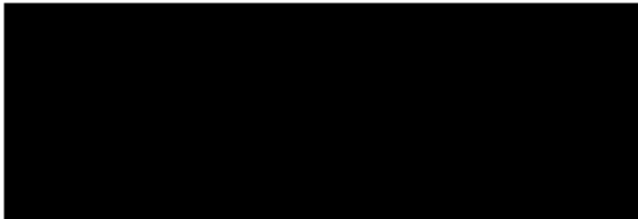
* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Tuesday, February 19th 2002 at 1:15:43 PM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION



NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 1FTPX27L2WNB94029
MAKE: Ford
MODEL: F250
YEAR: 1998

ODOMETER: 44,000
PURCHASE DATE: 08/30/00
NEW OR USED: Used

DEALER NAME: Wade Ford
ADDRESS: Norton, OH 44203

ENGINE SIZE: 5.4 liter
CYLINDERS: 8

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes

DRIVETRAIN: Rear
DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3 POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: Pickup Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Engine
PART NAME(S):
LOCATION:
NUMBER OF FAILURES: 1
DATE(S) OF FAILURES: 12/30/01
MILEAGE AT FAILURE(S): 44,000
SPEED AT FAILURE(S):
MANUFACTURER CONTACTED: Yes
NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No
NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$
DRIVER AIRBAG DEPLOYED:
PASSENGER AIRBAG DEPLOYED:
REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

While driving the vehicle the oil light came on going up a large hill near my home and went off again at the top. Drove the truck home and checked the oil to discover it was 1 quart low. I replaced the oil. The following day it was making a terrible noise so drove it to a local Ford dealer (Kepich Ford Mercury) They reported there was no oil in the engine. After further diagnostics it was discovered the oil was going through the converter and burning up and we were very lucky the vehicle had not caught fire. It was reported that my engine would need to be replaced. We have contacted Ford and they have given us no satisfaction. I have learned this is a known problem to Ford and they have replaced many of these same engines due to bad castings and fire hazard.

END OF FORM



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 1058

Date Received

19-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

785884

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) <small>(Location at bottom of and/or above windshield)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1FTPX27L2WNB94029 | FORD TRUCK | F250 | 1998 | |

| | | | |
|---|---------------------------------------|-------------------------------|--|
| Purchase Date 30-AUG-2000 | Dealer's Name _____ | Engine Size (CID/CC/L 8CYL | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | |

| | | | | | | |
|--|---|---|--|---|---|--|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |
|--|---|---|--|---|---|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|--------------------------------------|--|--|
| Component 05100000 | Part Name(s) ENGINE | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failure 1 | Date(s) of Failure(s) 30-DEC-2001 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Mileage at Failure(s) 44000 | | |
| | Vehicle Speed at Failure(s) | | |

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

| | | | | | |
|---|---|---------------------------|----------------------|--------------------------|--|
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|--------------------------|--|

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

WHILE DRIVING THE VEHICLE THE OIL LIGHT CAME ON, DISCOVERED VEHICLE WAS LOW ON OIL AND REPLACED OIL, NEXT DAY VEHICLE MADE A TERRIBLE NOISE AND WAS TAKEN TO DEALER ONLY TO FIND THE OIL HAD BEEN BURNED UP THROUGH THE CONVERTER.ENGINE IS BAD DUE TO THE CASINGS. 'JG

COPIED FROM NHTSA FORM 1058

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.