

U.S. Department  
of TransportationNational 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 1039

Date Received

04-MAR-2002

Od\_or

rt\_dt

od\_rt

ip\_lr

Reference No.

8004883

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)</small> |                                                             | Vehicle Make                                                                                                                                                                                                 | Vehicle Model                                               | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                        |
| 1FTNW20F41EA95994                                                                                |                                                             | FORD TRUCK                                                                                                                                                                                                   | F250                                                        | 2001                                                                                                                                         |                                                                                                                                                                                                                                                 |
| Purchase Date                                                                                    | Dealer's Name _____                                         |                                                                                                                                                                                                              | Engine Size<br>(CID/CC/L _____)                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                            | City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                              | No Cylinders _____                                          |                                                                                                                                              |                                                                                                                                                                                                                                                 |
| Transmission Type                                                                                | Antilock Brakes                                             | Restraint System                                                                                                                                                                                             | Cruise Control                                              | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <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                                                                                                                                                                                                                                      |
|                                                                                                  |                                                             |                                                                                                                                                                                                              |                                                             |                                                                                                                                              | <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>07300000 | Part Name(s)<br>POWER TRAIN:TRANSMISSION:AUTOMATIC | 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         | Dates of Failure(s) 02-MAR-2002                    | Failed Part(s)                                                                                                                           | NHTSA Previously                                                                           |
|                       | Mileage at Failure(s) 17                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|                       | 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

WHILE DRIVING 55MPH AND HITTING PASSING GEAR VEHICLE WENT INTO IDLE, IT WILL NOT ACCELERATE.DEALER CONTACTED. \*AK

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  <b>DOT Auto Safety Hotline</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline              |  | <b>FOR AGENCY USE ONLY</b> 1039<br>RECEIVED<br>02 APR 04 MAR 2002<br>OFFICE OF INVESTIGATION                                                                                                                                                                        |  |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 500px; height: 40px; margin-top: 5px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                       |  | Od_or _____<br>rt_dt _____<br>od_rt _____<br>up_ltr _____<br>Reference No.<br>8004883                                                                                                                                                                               |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of your signature, your name and address to the vehicle manufacturer.<br>Signature of _____ Date <u>3/14/02</u>                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                       |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>Work Number _____<br>Home Number _____                                                                                                                                                       |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |  |
| Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)<br><b>1FTNW20F41EA95894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Vehicle Make<br><b>FORD TRUCK</b>                                                                                                     |  | Vehicle Model<br><b>F250</b>                                                                                                                                                                                                                                        |  |
| Purchase Date<br><b>Dec, 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Dealer's Name<br><b>WREELAND FORD</b>                                                                                                 |  | Engine Size (CID/CC/L)<br><b>8</b>                                                                                                                                                                                                                                  |  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | City <b>Buena Vista</b> State <b>CA</b> Zip Code <b>93427</b>                                                                         |  | No Cylinders <b>8</b>                                                                                                                                                                                                                                               |  |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes <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 Belt<br><input checked="" type="checkbox"/> Passengerside Airbag  |  |
| Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Drive Train<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel |  | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input checked="" 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 <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |  |
| Component<br><b>07300000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Part Name(s)<br><b>POWER TRAIN: TRANSMISSION: AUTOMATIC</b>                                                                           |  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                                                            |  |
| No of Failures<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Date(s) of Failure(s)<br><b>02-MAR-2002</b>                                                                                           |  | Failed Part(s)<br><input type="checkbox"/> Original <input type="checkbox"/> Replacement                                                                                                                                                                            |  |
| Mileage at Failure(s)<br><b>17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Vehicle Speed at Failure(s)<br><b>55</b>                                                                                              |  | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                        |  |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |  |
| (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 type="checkbox"/> No                                                                      |  | Number of Persons Injured<br><b>0</b>                                                                                                                                                                                                                               |  |
| Number of Fatalities<br><b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Estimated Property Damage<br><b>0</b>                                                                                                 |  | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |  |
| WHILE DRIVING 55MPH AND HITTING PASSING GEAR VEHICLE WENT INTO IDLE, IT WILL NOT ACCELERATE. DEALER CONTACTED. *AK This has occurred on 7 separate occasions, when attempting to pass/change lanes. Recently on a 3 Lane Freeway, at 70mph, I attempted a Lane Change. When I hit passing gear, the engine RPM dropped to 600 RPM. I pumped the accelerator twice before engine began to                                                                                                                                                                                            |  |                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |  |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |  |
| 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. |  |                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |  |

Fold to show Return Address (no stamp needed) Fasten with tape or staples and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.:

DOT \_\_\_\_\_ MANUFACTURER/TIRE NAME \_\_\_\_\_ SIZE \_\_\_\_\_

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

accelerate again. After loss of RPM, gear shifts are very rough (hard) both up and down. If I stop & shut off the engine it will shift normally again. This problem has occurred twice in the same day on 2 separate days. The problem is very intermittent. Sometimes 2 weeks with no problem - and then twice in the same day. In my opinion, this problem threatens the lives of my passengers and me, as well as other motorists.

U.S. G.P.O. 1982-62-871/8288

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
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Washington, DC 20590