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** 1039

Date Received: 12-APR-2002

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

Reference No.: 8007474

[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.) (Locate at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| 1FTSX30L0XEE79355 | FORD TRUCK | F350 | 1999 | |

Purchase Dat: ☐ 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 |
|---|---|---|---|
| 06110000 | FUEL:FUEL TANK ASSEMBLY | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement |

| No of Failure | Dates of Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | Mileage at Failure(s | ☐ Yes ☐ No | ☐ Yes ☐ 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 | Fire | Number of Persons Injured | Number of Fatalitie | Estimated Property Damag | Reported to Polic |
|---|---|---|---|---|---|
| ☐ Yes ☐ No | ☐ Yes ☐ No | | | | ☐ Yes ☐ No |

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

RECEIVED SAFETY RECALL. TOOK VEHICLE IN. CALLED DEALER TO CHECK ON VEHICLE . DEALER INDICATED VEHICLE REPAIRS ALMOST DONE. COUPLE HOURS LATER, CALLED DEALER BACK AND DEALER INDICATED DID NOT HAVE PARTS. HADTO TAKE VEHICLE BACK WHEN PARTS CAME IN.*AK

CONTINUED ON REVERSE

Form Approved. O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY** 1039

Date Received: 12-APR-2002

Od. or rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

OFFICE OF DEFECTS INVESTIGATION

Reference No. 8007474

**OWNER INFORMATION (Type or Print)**

[redacted] 746036

Work Num: [redacted]
Home Num: [redacted]

*Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?* ☒ YES ☐ NO
*In the absence of an aut[redacted]T provide your name and address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 4/24/02

**VEHICLE INFORMATION**

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Mak | Vehicle Mode | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| 1FTSX30L0XEE79355 | FORD TRUCK | F350 | 1999 | 76502 |

Purchase Date
☐ New ☒ Used

Dealer's Name: Crystal Ford
City: ____ State: MD Zip Code: ____

Engine Siz (CID/CC/L ____
No Cylinders: 8

☐ 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 |

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

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 06110000 | FUEL:FUEL TANK ASSEMBLY | ☐ Left ☐ Right ☐ Front ☐ Rear | ☐ Original ☐ Replacement |

| No of Failures | Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | | ☐ Yes ☐ No | ☐ Yes ☐ Nc |

**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 Fatalities | Estimated Property Damage | Reported to Police |
|---|---|---|---|---|---|
| ☐ Yes ☐ No | ☐ Yes ☐ No | | | | ☐ Yes ☐ No |

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

RECEIVED SAFETY RECALL. TOOK VEHICLE IN. CALLED DEALER TO CHECK ON VEHICLE . DEALER INDICATED VEHICLE REPAIRS ALMOST DONE. COUPLE HOURS LATER, CALLED DEALER BACK AND DEALER INDICATED DID NOT HAVE PARTS. HADTO TAKE VEHICLE BACK WHEN PARTS CAME IN.*AK

CONTINUE ON BACK IF NEEDED