



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 1368

Date Received

19-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008088

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 or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTJW35K2REA1040		FORD TRUCK	PICKUP	1994	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09102000	Part Name(s) LIGHTING:SWITCH:BUTTON:RING:HEAD LIGHTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 18-APR-2002 Mileage at Failure(s) 15000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☒ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES THAT WHEN TURNING ON THE HEADLIGHT THE SWITCH IT CAUGHT ON FIRE. NLM

COPIES OF THIS FORM ARE:

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.



Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dcl.gov/hotline

DOT Auto Safety Hotline

FOR AGENCY USE ONLY
1368
Date Received
19-APR-2002
Reference No.
0609088

Work Number
Home Number

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 Ident. No. (VIN) (located at bottom of windshield or driver's side)	1FTJW35K2REA1040
Vehicle Make	FORD TRUCK
Vehicle Model	PICKUP
Vehicle Year	1994
Current Odometer Reading	155000

Purchase Date	☐ New ☒ Used
Dealer's Name	_____
City	_____
State	_____
Zip Code	_____
Engine Size (CID/CC/L)	No Cylinders _____
Fuel Injection	☒ Turbo ☒ Diesel ☒ Gas ☒ Fuel Injectio

Transmission Type	☒ Automatic ☐ Manual
Antilock Brakes	☒ Yes ☐ No
Restraint System	☐ 3-Point Belt ☐ Motorized ☐ 2-Point Belt ☐ Passenger-side Airbag ☐ Passenger-side Airbag
Cruise Control	☒ Yes ☐ No
Drive Train	☐ 4-Wheel ☒ Front ☒ Rear
Vehicle Type	☐ Car ☐ Van ☐ Minivan ☐ Other ☒ Truck ☐ Motorcycle ☐ Sport Util ☐ 4-Door ☐ 2-Door ☐ Stationwagon ☐ Pick Up ☐ Truck
Body Style	_____

Component	09102000
Part Name(s)	LIGHTING; SWITCH; BUTTON; RING; HEAD LIGHTS
Location	☐ Front ☐ Left ☐ Right ☐ Rear
Failed Parts	☒ Original ☐ Replacement
Date(s) of Failure(s)	18-APR-2002
Mileage at Failure(s)	15000
Vehicle Speed at Failure(s)	_____
No of Failures	1

APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash	☐ Yes ☒ No	Fire	☐ Yes ☒ No
Number of Persons Injured	NONE	Number of Fatalities	2007
Estimated Property Damage	_____	Reported to Police	☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)	
CONSUMER STATES THAT WHEN TURNING ON THE HEADLIGHT THE SWITCH IT CAUGHT ON FIRE	
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Smoked Smelled	
CRACKED	

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