Form Approved: OMB No. 2127-0042

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

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

FOR AGENCY USE ONLY 1039

Date Received: 28-MAY-2002

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

Reference No.: 8010575

[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
2FMDA5146WBB40683	FORD TRUCK	WINDSTAR	1998	

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
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) _____ Mileage at Failure(s _____ Vehicle Speed at Failure(s) _____	Failed Part(s)	NHTSA Previously
		☐ 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				☐ Yes ☐ No

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

VEHICLE WOULD NOT SHIFT OUT OF FIRST GEAR. HAD TO REPLACE TRANSMISSION. DEALER CONTACTED. *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: 28-MAY-2002
RECEIVED 02 JUN 22 OFFICE OF DEFECTS INVESTIGATION

od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. 8010675

OWNER INFORMATION (Type or Print)

[redacted] [redacted] 756048

HICKSVILLE NY [redacted]

Work Number
Home Number [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence o[redacted]*e and address to the vehicle manufacturer.*

Signature of Own[redacted] Date 6/14/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
2FMDA5146WBB40663	FORD TRUCK	WINDSTAR	1998	

Purchase Date: JULY 1997 ☒ New ☒ Used

Dealer's Name: COUNTRY FORD
City: LEVITTOWN State: N.Y. Zip Code: ____

Engine Siz (CID/CC/L): 3.8
No Cylinders: 6
☐ 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 ☑ Driverside Airbag ☑ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☑ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other____ ☐ Sport Ut ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☑ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Parts
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures		Failed Part(s)	NHTSA Previously
1	Date(s) of Failure(s): NOVEMBER 2001 Mileage at Failure(s): 45,000 Vehicle Speed at Failure(s): 5 MPH	☐ 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☑ No	☐ Yes ☑ No	NA	NA	NA	☐ Yes ☐ No

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

VEHICLE WOULD NOT SHIFT OUT OF FIRST GEAR. HAD TO REPLACE TRANSMISSION. DEALER CONTACTED. *AK

CONTINUE ON BACK IF NEEDED