Form Approved: O.M.B. No. 2127-0039

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 231

Date Received: 22-FEB-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 857317

[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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FORD TRUCK	RANGER	1998	

Purchase Date	Dealer's Name	Engine Size	
☐ New ☒ Used	City_____ State_____ Zip Code_____	(CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
01300000 06100000	STEERING:POWER ASSIST FUEL:FUEL SYSTEMS	☐ 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) Available?	NHTSA Previously Contacted?
		☐ 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				☐ Yes ☒ No

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

WHILE TRAVELING CONSUMER PASSED OUT AND VEHICLE RAN OFF ROAD. ALSO, NOTICED FUMES INSIDE CAB .PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUED ON BACK IF NEEDED

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
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FOR AGENCY USE ONLY 231

Date Received
00 MAY -2 PM
22-FEB-2000
OFFICE DEFECTS INVESTIGATION

Od_or
rt_od
od_rt
up_kr

Reference No.
857317

OWNER INFORMATION (Type or Print)

[redacted] 591849

Work Number [redacted]
Home Number [redacted]

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

Signature of Owner [redacted] Date 03/11/2000

[redacted] E INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTYR14C4WTA48272	FORD TRUCK	RANGER	1998	over 45000 ?

Purchase Date: April 98 ☐ New ☒ Used

Dealer's Name: Bill Talley Ford
City: Richmond State: VA Zip Code: ?

Engine Size (CID/CC/L): ?
No Cylinders: 4
☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☑ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☒ 2-Point Belt ? ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other Ex-Cab	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
01300000 06100000	STEERING:POWER ASSIST FUEL:FUEL SYSTEMS	☐ Left ? ☐ Right ☑ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage / Speed	Failed Part(s) Available?	NHTSA Previously Contacted?
1	Date(s) of Failure(s): July 26-1999 Mileage at Failure(s): ? Vehicle Speed at Failure(s): 55	☐ 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	1	—	$15,000.00	☐ Yes ☒ No

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

WHILE TRAVELING CONSUMER PASSED OUT AND VEHICLE RAN OFF ROAD. ALSO, NOTICED FUMES INSIDE CAB .PLEASE PROVIDE FURTHER INFORMATION. *AK

I believe Carbon Monoxide fumes were coming into cab and is what caused me to pass out on the day of the accident.

Dan E. S.

CONTINUE ON BACK IF NEEDED