Form Approved: O.M.B. No. 2127-0042

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 241

Date Received: 14-MAR-2000

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

Reference No. 858468

[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
PLEASE FILL IN	FORD TRUCK	F150	2000	

Purchase Date

☒ New ☐ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (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)
08000000	ELECTRICAL SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s) 08-MAR-2000 Mileage at Failure(s) 10000 Vehicle Speed at Failure(s)_____	☐ 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)

VEHICLE EXPERIENCED A FIRE WHILE CONSUMER'S SON WAS FILLING THE FUEL TANK AT A GAS STATION. LOCAL FIRE DEPARTMENT ARRIVED AND EXTINGUISHED THE FIRE. FIRE DEPARTMENT INFORMED CONSUMER THAT STATIC ELECTRICITY MAY HAVE BEEN THE CAUSE OF THE FIRE. INSURANCE NOTIFIED. *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
www.nhtsa.dot.gov/hotline

RECEIVED
00 MAR 30 AM 11:33
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 241

Date Received: 14-MAR-2000
Od_or
rt_dt
od_rt
up_ltr
Reference No.: 858468

596273

Work Number
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 auth[redacted]ddress to the vehicle manufacturer,

Signature of Owner [redacted] Date 3/21/00

OWNER INFORMATION (Type or Print)

[redacted]

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTRX18L2YNA31403 PLEASE FILL IN	FORD TRUCK	F150	2000	

Purchase Date
☒ New ☐ Used

Dealer's Name: Friendly Ford
City: Springfield State: MO Zip Code:

Engine Size (CID/CC/L): 5.4
No Cylinders: 8

☐ 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 Ut ☐ 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)
86000000	ELECTRICAL SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures

Date(s) of Failure(s): 08-MAR-2000
Mileage at Failure(s): 10000
Vehicle Speed at Failure(s):

Failed Part(s) Available? ☐ Yes ☐ No

NHTSA Previously Contacted? ☐ 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			$26,000.00	☐ Yes ☒ No

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

VEHICLE EXPERIENCED A FIRE WHILE CONSUMER'S SON WAS FILLING THE FUEL TANK AT A GAS STATION. LOCAL FIRE DEPARTMENT ARRIVED AND EXTINGUISHED THE FIRE. FIRE DEPARTMENT INFORMED CONSUMER THAT STATIC ELECTRICITY MAY HAVE BEEN THE CAUSE OF THE FIRE. INSURANCE NOTIFIED. *AK

CONTINUE ON BACK IF NEEDED