

U.S. Department
of TransportationNational 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

255

Date Received

09-MAY-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

861635

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 front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	FORD TRUCK	RANGER	1999	

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

Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Vlt ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000 01300000	Part Name(s) INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT AIR STEERING;POWER ASSIST	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING AT 70 MPH CONSUMER LOST CONTROL OF VEHICLE, VEHICLE ROLLED OVER AT LEAST 6 TIMES, AND THE AIR BAGS DID NOT DEPLOY. DEALER HAS NOT BEEN CONTACTED. *AK

CONTINUE ON BACK IF NEEDED

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.



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00 JUN -8 PM 3:00
09-MAY-2000

OFFICE

RECEIVED INVESTIGATION

Od. or _____
od. dt _____
od. rt _____
up. tr _____

Reference No.

861635

OWNER INFORMATION (Type or Print)

607729

Work Number

Home No.

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 5/23/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1FTZR15X8XTA05318
Vehicle Make FORD TRUCK
Vehicle Model RANGER
Vehicle Year 1999
Current Odometer Reading 49,000

Purchase Date 2-1999
Dealer's Name Lutesville Motor Company
Buy 230
City Marble Hill State MO Zip Code 63764
Engine Size (CID/CC/L) 4.0
No Cylinders _____
☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000
01300000
Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT
STEERING: POWER ASSIST
Location ☒ Left ☐ Right
☒ Front ☐ Rear
Failed Part(s) ☒ Original
☐ Replacement
No of Failures 2
Date(s) of Failure(s) 5-4-00
Mileage at Failure(s) 49,000
Vehicle Speed at Failure(s) 70-75 mph per hr
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 ☒ Yes ☐ No
Fire ☐ Yes ☒ No
Number of Persons Injured 1
Number of Fatalities 0
Estimated Property Damage \$18,000.00
Reported to Police ☐ Yes ☒ No

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

WHILE TRAVELING AT 70 MPH CONSUMER LOST CONTROL OF VEHICLE, VEHICLE ROLLED OVER AT LEAST 6 TIMES, AND THE AIR BAGS DID NOT DEPLOY. DEALER HAS NOT BEEN CONTACTED. *AK

Dealer has been contacted, Lutesville motor company. Suppose to put report into computer.

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

This vehicle was returned to Lutesville motor company to have dash lights and windshield wiper fixed. When driving down road during the day the windshield wipers would come on by their selves, at night the head lights would blink off and on, the dash lights would go off by themselves then come back on. Door ajar light stayed on all the time in this truck. I feel there was an error in this truck it should have released at least one air bag. I think dealership overlooked problems we had with this truck.

★ U.S.G.P.O.: 1992-625-897/60095

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

CAPE GIRARD OH 43004

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

