

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

117

Date Received

18-JUL-2000

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Reference No.

865630

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.) <small>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3FCMF53S1XJA04819	FORD TRUCK	F53	1999	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures 3	Date(s) of Failure(s) _____ Mileage at Failure(s) 7 Vehicle Speed at Failure(s) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHENEVER IT RAINS WATER GETS INSIDE OF ENGINE ON THE MOTORHOME CHASSIS. THIS CAUSES ENGINE TO SHUTDOWN. WOULD STALL OUT WHEN STARTING. TSB #13079 ON CHASSIS. DEALER COULD NOT REPAIR PROBLEM AND GET WATER OUT OF ENGINE.*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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 117</p> <p>Date Received <u>09 AUG -1 AM</u> <u>18-JUL-2000</u></p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p> <p>Case No. <u>865630</u></p> <p>Work No. _____ Home No. _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 621386</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of _____, provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date 7/26/00

VEHICLE INFORMATION									
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 3FCMF52S1XJA04819		Vehicle Make FORD TRUCK		Vehicle Model F63		Vehicle Year 1999		Current Odometer Reading	
Purchase Date		Dealer's Name _____				Engine Size <u>6.8L</u> <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City _____ State _____ Zip Code _____				No Cylinders <u>4/10</u>			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	
						Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>CLASS A</u>	
						<u>MOTORHOME CHASSIS</u>			

FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 05100000		Part Name(s) ENGINE		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures <u>3</u> <u>MAHY</u>		Date(s) of Failure(s) <u>1999-2000</u> Mileage at Failure(s) <u>7</u> Vehicle Speed at Failure(s) <u>ANY</u>		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured 0	
				Number of Fatalities 0	
				Estimated Property Damage	
				Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

WHENEVER IT RAINS WATER GETS INSIDE OF ENGINE ON THE MOTORHOME CHASSIS. THIS CAUSES ENGINE TO SHUTDOWN. WOULD STALL OUT WHEN STARTING. TSB #13079 ON CHASSIS. DEALER COULD NOT REPAIR PROBLEM AND GET WATER OUT OF ENGINE.*AK

RAIN ENTERS AIR FILTER

CONTINUE ON BACK IF NEEDED

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