

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

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Date Received

29-AUG-2000

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Reference No.

869053

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
1FTSF30F2XEA39649	FORD TRUCK	F350	1999	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ 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	Body Style ☐ Sport Vlt ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Dates of Failure(s) Mileage at Failure(s) 51000 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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE VEHICLE WILL STALL INTERMITTENTLY WITHOUT WARNING ,ALMOST ACTING AS IF IT RAN OUT OF FUEL. IT WILL TAKE ABOUT 5-10 MIN BEFORE VEHICLE WILL RESTART. WHEN THE VEHICLE STALLS VEHICLE WILL LOSE ALL POWER BRAKES AND POWER STEERING. DLR CANNOT DETERMINE CAUSE.

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.

 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 160 RECEIVED Date Rec'd: 29-AUG-2000 PH: 00 SEP 20 OFFICE: DEFECTS INVESTIGATION Reference No.: 869053	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Rec'd: 29-AUG-2000 PH: 00 SEP 20 OFFICE: DEFECTS INVESTIGATION Reference No.: 869053	
OWNER INFORMATION (Type or Print) [Redacted] 831983		Work Number: [Redacted] Home Number: [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? 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) 1FT8F30F2XEA30649	Vehicle Make FORD TRUCK	Vehicle Model F350	Vehicle Year 1999
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 ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures Date(s) of Failure(s): _____ Mileage at Failure(s): 51000 Vehicle Speed at Failure(s): _____	Failed Part(s) ☐ Yes ☐ No		NHTSA Previously ☐ 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 _____	Number of Fatalities _____
Estimated Property Damag _____		Reported to Polic ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
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