



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 150**

Data Received  25-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  871389	

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>(Listed at front of windshield or drivers side)</small> <b>1FTHF25H4VED12859</b>	Vehicle Make <b>FORD TRUCK</b>	Vehicle Model <b>F250</b>	Vehicle Year <b>1997</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>09102000</b>	Part Name(s) <b>LIGHTING:SWITCH:BUTTON:RING:HEAD LIGHTS</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>35000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**HEAD LIGHT SWITCH WILL TURN ON AND OFF INTERMITTENTLY DURING OPERATION , AND AT TIMES, IT IS DIFFCULT TO TURN IT ON. SWITCH WAS REPLACED ONCE UNDER WARRANTY, AND ONLY LASTED FOR 1 YEAR. DEFECT HAS REOCCURRED. \*AK**

CONTINUED ON BACK PLEASE

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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FOR AGENCY USE ONLY 160

Date Received: 12-25-99  
Office: INVESTIGATION  
Reference No.: 871389  
Work Number: [Redacted]  
Home Number: [Redacted]

**OWNER INFORMATION (Type or Print)**

DEFECT ID: 641504  
Signature of Owner: [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 disclose your name and address to the vehicle manufacturer.  
Date: 10/31/00

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN.): 1FTHF25H4VED12869  
Vehicle Make: FORD TRUCK  
Vehicle Model: F250  
Vehicle Year: 1997  
Current Odometer Reading: 49500

Purchase Date: 4-98  
Dealer's Name: Jimmy Michel Motors  
City: Aurora State: MO Zip Code: 65605  
Engine Size (CID/CC): 351 ci  
No Cylinders: 8  
 Turbo Diesel Gas Fuel Injection

Transmission Type:  Manual  Automatic  
Anti-lock Brakes:  Yes  No  
Restraint System:  3-Point Belt  Driverside Airbag  Passenger-side Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Van  Minivan  Other  
Body Style:  2-Door  4-Door  Station Wagon  Pick Up Truck  Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 09102000  
Part Name(s): LIGHTING:SWITCH:BUTTON:RING:HEAD LIGHTS  
Location:  Left  Right  Front  Rear  
Failed Part(s):  Original  Replacement

No of Failures: 2  
Date(s) of Failure(s): 8-99, 8-2000  
Mileage at Failure(s): 35000, 48000  
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

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

HEAD LIGHT SWITCH WILL TURN ON AND OFF INTERMITTENTLY DURING OPERATION, AND AT TIMES, IT IS DIFFICULT TO TURN IT ON. SWITCH WAS REPLACED ONCE UNDER WARRANTY, AND ONLY LASTED FOR 1 YEAR. DEFECT HAS REOCCURRED. \*AK

It is difficult to get park (clearance) lights and head lights on at the same time. If you try to turn on dome light while driving the head lights will go out. They work off the same switch.

CONTINUE ON BACK IF NEEDED

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