

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 231

Date Received

11-OCT-2000

Ocl_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

872712

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>	Vehicle Make FORD TRUCK	Vehicle Model ECONOLINE	Vehicle Year 1993	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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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 type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input checked="" 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 type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08500000	Part Name(s) ELECTRICAL SYSTEM:IGNITION	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <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) _____ 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)

WHILE TRAVELING IN HOT WEATHER AT A LOW SPEED VEHICLE WOULD STALL WITHOUT ANY INDICATION. PLEASE PROVIDE FURTHER INFORMATION.*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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<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" 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 type="checkbox"/> Other _____
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U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
Vehicle Owner's Questionnaire (VOQ) Date Received: 11-07-2000 OFFICE INVESTIGATION Reference No. 872712		OWNER INFORMATION (Type or Print) 645455 Home Number: [Redacted] Work Number: [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of your signature, NHTSA will use the name and address of the vehicle manufacturer.			
Signature of Owner: [Redacted] Date: 10/28/98			
VEHICLE IDENTIFICATION INFORMATION Vehicle Ident. No. (VIN): [Redacted] Vehicle Make: FORD TRUCK Vehicle Model: ECONOLINE Vehicle Year: 1993 Current Odometer Reading: 39981			
PURCHASE DATA Purchase Date: Oct. '98 Dealer's Name: HDS Specialty Vehicles Dealer's Address: [Redacted] MN 55337 Engine Size: 8 No. Cylinders: 8 Fuel Injection: Gas			
TRANSMISSION TYPE Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Restraint System: 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Cruise Control: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Drive Train: Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Vehicle Type: Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Sport UT <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/> Body Style: 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>			
FAILED COMPONENT(S)/PART(S) INFORMATION Component: 08800800 Part Name(s): ELECTRICAL SYSTEM-IGNITION Location: Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Failed Part(s): Original <input type="checkbox"/> Replacement <input type="checkbox"/> No. of Failures: 6 Date(s) of Failure(s): June July 1999, 2000 Mileage at Failure(s): between 26,000 & 38,000 Vehicle Speed at Failure(s): at city inter sections Application Incident Information: mostly once at about 10 mph (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) While traveling in hot weather at a low speed vehicle would stall without any indication. Please provide further information. At the first failure happened in LaCrosse, WI at an inter section on a Sunday. We got towed back to Sparks. It stalled around 2 o'clock. The temp was in the 90's. The tow truck left it on the street by our house. Several hours later we tried starting it and it ran fine. It was around 7 o'clock and it was cooler outside. I thought that we needed to replace the fuel filter.			
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I thought that we needed to replace the fuel filter. It was around 7 o'clock and it was cooler outside. I ran fine. Several hours later we tried starting it and it stalled around 2 o'clock. The temp was in the 90's. The tow truck left it on the street by our house. Several hours later we tried starting it and it ran fine. It was around 7 o'clock and it was cooler outside. I thought that we needed to replace the fuel filter.

