

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 151**

Data Received

26-OCT-2000

 Ocl\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

873894

 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 <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 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 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 10311000 10310000	Part Name(s) <b>VISUAL SYSTEMS:WINDSHIELD WIPER/WASHER SWITCH</b> <b>VISUAL SYSTEMS:WINDSHIELD WIPER</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) _____ 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)**

**WINDSHIELD WIPERS WORK SPORADICALLY. SOMETIMES THEY COME ON WITHOUT APPLICATION, AND OTHER TIMES THEY CUT OFF WITHOUT APPLICATION. DEALER HAS REPLACED THE SWITCH BEFORE, BUT PROBLEM STILL EXISTS.\*AK**

CONTINUED ON BACK (REVERSE)

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.



U.S. Department of Transportation  
National Highway Traffic Safety Administration

# Vehicle Owner's Questionnaire (VOQ)

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FDR AGENCY USE ONLY 151

Date Received

NOV 13 PM 3:26  
26-OCT-2000  
OFFICE  
DEFECTS INVESTIG

Old or  
rt  
ad pt  
up ltr

Reference No.

873894

OWNER INFORMATION (Type or Print)

651076

Work Number

Home Num

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of an \_\_\_\_\_ and address to the vehicle manufacturer.

YES  NO

Signature of Owner

Date 11/6/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1FTEF2763VKC Vehicle Make FORD Vehicle Mode F250 Vehicle Year 1997 Current Odometer Reading 1708

Purchase Date

12-30-97

Dealer's Name TURNER FORD

Engine Size ?

Turbo  
 Diesel  
 Gas

New

City ALBU State NM Zip Code 87102

No Cylinders V-8

Fuel Injection

Transmission Type  Manual  Automatic  
Antilock Brakes  Yes  
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 Utl  2-Door  
 Van  Truck  4-Door  
 Minivan  Motorcycle  Stationwagon  
 Other  Pick Up Truck  Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10311000 Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER/WASHER SWITCH Location  Left  Right  Front  Rear Failed Part(s)  Original Replacement  
10310000 VISUAL SYSTEMS:WINDSHIELD WIPER OUT  
No of Failures 2 Date(s) of Failure(s) Aug/Sept 2000 Failed Part(s) Available?  Yes  No NHTSA Previously Contacted?  Yes  No  
Mileage at Failure(s) 43000  
Vehicle Speed at Failure(s) 25-35

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)

WINDSHIELD WIPERS WORK SPORADICALLY. SOMETIMES THEY COME ON WITHOUT APPLICATION, AND OTHER TIMES THEY CUT OFF WITHOUT APPLICATION. DEALER HAS REPLACED THE SWITCH BEFORE, BUT PROBLEM STILL EXISTS.\*AK

LUNA FORD  
BELEN, N.M.

CONTINUE ON BACK IF NEEDED

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