

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 197

Date Received

30-OCT-2000

Ocl_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

874161

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	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTWX26F2VEC3626	FORD TRUCK	F250	1997	

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	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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" 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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06116010	Part Name(s) FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH	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
No of Failures 0	Date(s) of Failure(s) 27-OCT-2000 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

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 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)

FUEL SELECTOR SWITCH GOT STUCK IN DID POSITION, CAUSING ENGINE TO QUIT RIGHT IN THE MIDDLE OF TRAFFIC. JUST LIKE RECALL 91S39. *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.

<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 style="text-align: center;">FOR AGENCY USE ONLY 197</p> <p>Date Received: <u>30 OCT 2000</u></p> <p>OFFICE OF INVESTIGATION</p> <p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p> <p>Reference No. 874161</p> <p>Work Number _____ Home Number <u>SAME</u></p>
<p>OWNER INFORMATION (Type or Print)</p> <p>TEFEC [Redacted] 661819</p>	

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: [Redacted] Date: 11/13/2000

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1FTHX26FNEC38326</u> 4FTHX26FNEC38326	Vehicle Make FORD TRUCK	Vehicle Model F250	Vehicle Year 1997	Current Odometer Reading 55,721
Purchase Date <u>AUG 27 1997</u>	Dealer's Name <u>JIM MANNING FORD</u> City <u>GLADWIN</u> State <u>MI</u> Zip Code _____		Engine Size (CID/CC/L) <u>7.3</u>	<input checked="" type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Transmission Type <input checked="" type="checkbox"/> Manual <input 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 checked="" type="checkbox"/> Driverside Airbag <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 checked="" type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 0611801D	Part Name(s) FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH	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 0	Date(s) of Failure(s) <u>9-23-2000</u> Mileage at Failure(s) <u>52064</u> Vehicle Speed at Failure(s) <u>30</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <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)

FUEL SELECTOR SWITCH GOT STUCK IN DID POSITION, CAUSING ENGINE TO QUIT RIGHT IN THE MIDDLE OF TRAFFIC. JUST LIKE RECALL 91S39. *AK

WAS ALSO TOWING 20' CAMPING TRAILER AND INCURRED A TOWING CHARGE THAT INSURANCE DID NOT COVER. TRUCK QUIT UNDERNEATH A RAIL-ROAD TRACK, IF IT HAD BEEN ON RR TRACKS COULD NOT HAVE MOVED IT.

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 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.

Snake River Towing, LLC

1287 N.W. 20th Ave. • P.O. Box 716
 Ontario, OR 97914
 (541) 881-1532 - (800) 809-3238



DATE	TIME	AM PM	REQUESTED BY	P.O. NO.
NAME			PHONE	3047
ADDRESS			628	
LOCATION OF VEHICLE W. IDAHO + N. OREGON				
YEAR	MAKE	MODEL	COLOR	DRIVER
47	TRAILER		GRN	O.L. WILSON
STATE	LIC PLATE NO.	VEHICLE ID. NO.	REGISTER OWNER	
MI	LC0725		O.L. WILSON	
MILEAGE		SERVICE TIME		EXTRA PERSON
Finish		Finish		Finish
Start		Start		Start
Total		Total		Total
REASON FOR TOW			SPECIAL EQUIPMENT	
<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> ABANDONED	<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> SINGLE LINE WINCHING	
<input type="checkbox"/> ARREST	<input type="checkbox"/> STOLEN CAR	<input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> DL/LINE WINCHING	
<input type="checkbox"/> UNREGISTERED	<input type="checkbox"/> BREAK DOWN	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> SNATCH BLOCKS	
<input type="checkbox"/> TOW ZONE	<input type="checkbox"/> LOCK OUT	<input type="checkbox"/>	<input type="checkbox"/> SHOCK BLOCKS	
<input type="checkbox"/> SNOW REMOVAL	<input type="checkbox"/> START	<input type="checkbox"/>	<input type="checkbox"/> DOLLY	
TYPE OF TOW		TOW PER ORDER OF		VEHICLE TOWED TO
<input type="checkbox"/> SLING / HOIST TOW	<input type="checkbox"/> STATE POLICE			FIRST TOW
<input type="checkbox"/> FLAT BED / RAMP	<input type="checkbox"/> LOCAL POLICE			SECOND TOW
<input type="checkbox"/> WHEEL LIFT	<input type="checkbox"/> OWNER			
<input type="checkbox"/>	<input type="checkbox"/> DEALER			
STORAGE FROM			TOWING CHARGE 35.00	
PAID BY			MILEAGE CHARGE	
<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHECK	DRIVER'S LIC NO.	EXTRA PERSON	
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> MC	<input type="checkbox"/> VISA	SPECIAL EQUIPMENT	
CC NO.	EXP. DATE		LABOR CHARGE	
OPERATOR'S SIGNATURE			STORAGE	
TRUCK			SUBTOTAL	
AUTHORIZED SIGNATURE			TAX	
VEHICLE ID. NO.			TOTAL 35.00	

X

Thank You

Printed by MCELROY PRINTING, INC. Salem, Oregon

GENTRY FORD LINCOLN-MERCURY • SUBARU



P.O. BOX 598 • 1802 S.W. 4th AVE.
ONTARIO, OR 97914
(541) 889-9694 • 1-800-767-4510



CUSTOMER NO. 35311	ADVISOR STEVEN JOINER 403	TAG NO.	INVOICE DATE 09/25/00	INVOICE NO. FOCS43347
Deal	LABOR RATE	LICENSE NO. 52064	MILEAGE 52064	STOCK NO.
	YEAR, MAKE, MODEL 97/FORD TRUCK/F250/REGULAR CAB 4WD	COLOR BLACK/RED		
	VEHICLE ID. NO. 1FTHX26F2VEC36326	DELIVERY DATE		
	REG. NO.	REGISTRATION DATE 08/01/97		
BUSINESS PHONE		COMMENTS		DATE 09/23/00

LABOR & PARTS	# 1 11FOZ ENGINE MINOR TECH(S): BLOO	203.00
<p>CUSTOMER WAS DRIVING TRUCK DIED PUT NEW FUEL FILTER CRANKED BUT DID NOT START. FOUND NO FUEL IN LINES. TRACED TO FUEL SELECTOR VALVE STUCK BETWEEN FRONT/REAR POSITION LOWERED FUEL TANK TO REPLACE VALVE. PRIMED FUEL SYSTEM TO START VEHICLE. SENDERS READ FULL TANKS OF FUEL.</p>		
PARTS	DESCRIPTION	UNIT PRICE
JOB # 1	1 F4TZ-9189-A VLV & S 177663	139.79
JOB # 1	3 -NB06190-S19C1 RETAINE 432980	1.19
JOB # 1	3 -NB06191-S1901 RETAINE 432981	3.57
JOB # 1 TOTAL PARTS		146.93
JOB # 1 TOTAL LABOR & PARTS		349.93

SEE BACK FOR ADDITIONAL CUSTOMER INFORMATION REGARDING REPAIRS

DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

TERMS: STRICTLY CASH

UNLESS ARRANGEMENTS MADE

"I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on below vehicle to secure the amount of repairs thereto."

MISC	CODE	DESCRIPTION	CONTROL NO.	
JOB # A	A1	SHOP SUPPLIES/ENVIRONMENTAL WASTE		10.15
TOTAL - MISC				10.15

TOTALS	

TOTAL LABOR	203.00
TOTAL PARTS	146.93
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG	10.15
TOTAL MISC DISC	0.00
TOTAL TAX	0.00

TOTAL INVOICE \$	350.08

PARTS AND SERVICE ARE NOW OPEN ON SATURDAYS 9AM TO 4PM

CUSTOMER SIGNATURE

Steve
Robert
Call 1-800-392-3673
Next Highway Traffic Safety Advice
1-800-424-9393
D.O.T. Safety Hot Line

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED

X _____

SIGNED DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)