
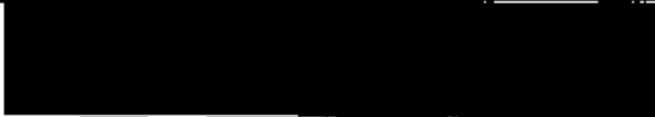


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 117	
 J.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received <b>03-JAN-2001</b>	Od_or _____ rt_dt _____ od_rt _____ up_tr _____
 664161		Reference No. <b>877355</b>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Number _____	
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Home Number _____	
Signature of Owner _____		Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <b>1FTHX26M9MKA71258</b>	Vehicle Mak <b>FORD TRUCK</b>	Vehicle Mode <b>F250</b>	Vehicle Year <b>1991</b>
Purchase Date	Dealer's Name	Engine Siz (CID/CC/L)	Current Odometer Reading
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input 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"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>08540100 12420000</b>	Part Name(s) <b>ELECTRICAL SYSTEM:IGNITION:SPARK CONTROL COMPUTER INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>75</u> Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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	Number of Fatalitie
		Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>WOULD TURN ON VEHICLE GLOW PLUG WOULD NOT HEAT UP TO MOVE OR START ENGINE. WOULD NEED TO JIGGLE IT OFF/ON A LOT OF TIMES BEFORE STARTING VEHICLE. WOULD HAVE A GAUGE TO INDICATE THAT VEHICLE WAS ON. HAD NOT BEEN TO DEALER. *AK</b>			
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.			

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CONTINUE ON REVERSE SIDE

WOULD TURN ON VEHICLE GLOW PLUG WOULD NOT HEAT UP TO MOVE OR START ENGINE. WOULD NEED TO JIGGLE IT OFF/ON A LOT OF TIMES BEFORE STARTING VEHICLE. WOULD HAVE A GAUGE TO INDICATE THAT VEHICLE WAS ON, HAD NOT BEEN TO DEALER, \*AK  
 Hard to use either to start until repairs could be made. This practice is not recommended and could result in fire, explosion, or permanent damage to engine.

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

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

APPLICATION INCIDENT INFORMATION

No. of Failures	Many	Date(s) of Failure(s)	on average every 13,000 mi	Mileage at Failure(s)	75	Vehicle Speed at Failure(s)		Failed Part(s) Available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Component	08548100	Part Name(s)	EL ELECTRICAL SYSTEM:IGNITION:SPARK CONTROL:COMPUTER	Location	Left	Location	Front	Failed Part(s)	Original	Replacement	

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Articlock Brakes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Lap/Shoulder	Cruise Control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Sport UR <input type="checkbox"/> Truck <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/>
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Purchase Date		Dealer's Name		City		State		Zip Code		Engine Size (CID/CCL)	8	No. Cylinders	8	Fuel Injection	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/>
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Vehicle Ident. No. (VIN)	1FTHX26M9MKA71258	Vehicle Make	FORD TRUCK	Vehicle Model	F250	Vehicle Year	1991	Current Odometer Reading	72,651
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VEHICLE INFORMATION

Signature of Owner: \_\_\_\_\_  
 Date: 1/22/01  
 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

OWNER INFORMATION (Type or Print)	664161	Work Number		Home No.	
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U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
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 1-888-327-4236  
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Vehicle Owner's Questionnaire (VOQ)

Date Received: 03-JAN-2001  
 Reference No.: 87365

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