Form Approved: O.M.B. No. 2127-0008

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 241	
Date Received	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ ip_ltr ____ ____
13-FEB-2001	Reference No. 880501

[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 provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTRX17L5YNB67994	FORD TRUCK	F150	2000	

Purchase Date		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
0641 0000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s) 08-JAN-2001 Mileage at Failure(s) 11000 Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

ACCELERATOR PEDAL STICKING/LOCKING UP INTERMITTENTLY. VEHICLE BEEN INTO DEALER SHOP ON THREE OCCASIONS, AND UNABLE TO DUPLICATE PROBELM.PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0038

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 241

Date Received: 13-FEB-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No. 880501

OWNER INFORMATION (Type or Print)

[redacted] 674546

Work Number
Home N[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 provide your name and address to the vehicle manufacturer.

Signature of Ow[redacted] Date 3/6/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTRX17L5YNB67994	FORD TRUCK	F150	2000	11500

Purchase Date: 5 June 2000
☐ New ☒ Used

Dealer's Name: Anderson Ford
City: Grand Island State: Neb Zip Code: 68803

Engine Size (CID/CC/L): 5.4
No Cylinders: 8
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☒ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06410000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	08-JAN-2001 / 11000 /	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

ACCELERATOR PEDAL STICKING/LOCKING UP INTERMITTENTLY. VEHICLE BEEN INTO DEALER SHOP ON THREE OCCASIONS, AND UNABLE TO DUPLICATE PROBELM.PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

Took Back To Dealer I brought truck From and they Fix it Right Anderson Ford

CONTINUE ON BACK IF NEEDED

28959 39555

INVOICE

DUPLICATE 1
PAGE 1

[redacted]

ANDERSON
FORD LINCOLN MERCURY
120 DIERS AV
GRAND ISLAND, NE 6880
(308) 384-170

SERVICE ADVISOR: 8117 DAVID MATTISON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
R1	00	FORD F150 PICKUP	1FTRX17L5YNB67994		11035/11035	T462

DEL DATE	PROD. DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
05JUN2000	03APR00		WAIT 23FEB01			CASH	23FEB2001

R.O. OPENED	READY	OPTIONS: STK:90813 ENG:99L 5.4L EFI V8 ENGINE TRN:44U ELECTRONIC 4-SPD AUTO O/D
13:05 12FEB01	12:14 23FEB01	

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A CUSTOMER STATES GAS PEDAL INTERMITTENTLY STICKS WHEN ACCELERATING
CAUSE: 11035 ORDER THROTTLE BODY .5 HRS REPLACEED THROTTLE BODY AND TEST DRIVE
WARR WARRANTY REPAIR
6960 WP40 (N/C)
1 YL3Z*9E926*AA BODY ASY-AIR/INTK THROT (N/C)
FC: PART#: COUNT:
CLAIM TYPE:
AUTH CODE:
6960
11035 ORDER THROTTLE BODY .5 HRS REPLACEED THROTTLE BODY AND TEST DRIVE

****

B CUSTOMER STATES DRIVER WINDOW INTERMITTENTLY INOP
CAUSE: 11035 ORDER WINDOW SWITCH .5HRS RR DOOR AND TEST SWITCHES REPLACED DRIVERS WINDOW SWITCHES RETEST
WARR WARRANTY REPAIR
6960 WP40 (N/C)
1 XL3Z*14529*AA SW ASY-WDO REG CNTR MLTPL (N/C)
FC: PART#: COUNT:
CLAIM TYPE:
AUTH CODE:
6960
11035 ORDER WINDOW SWITCH .5HRS RR DOOR AND TEST SWITCHES REPLACED DRIVERS WINDOW SWITCHES RETEST

****

REMEMBER, YOU MAY RECEIVE A SURVEY FROM FORD MOTOR CO. ABOUT YOUR SERVICE EXPERIENCE. IF FOR ANY REASON YOU CAN'T GIVE ME A COMPLETELY SATISFIED SCORE PLEASE CALL ME. THIS IS MY REPORT CARD.

THANK YOU,_____

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

AS IS

THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER. THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS PART(S) AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES. DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME OR ANY OTHER INCIDENTAL DAMAGES.

X_____
(CUSTOMER'S SIGNATURE)

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
MISC.	0.00
SUBLET AMOUNT	0.00
SHOP CHARGE	0.00
TOTAL CHARGES	0.00
LESS ADJUSTMENTS	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

CUSTOMER COPY