



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 160

Date Received

09-APR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

885410

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FTHX26F5TEB12371	FORD TRUCK	F250	1996			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ 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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 Bel <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 type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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
No of Failure	Date(s) of Failure(s) _____ Mileage 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 Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	--

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

CONSUMER WAS PULLING A 5TH WHEEL CAMPER FOR 5,000 MILES WHEN TRANSMISSION FAILED, DUE TO BURNT CLUTCHES. DEALER RECOMMEND WHEN BACKING OUT CAMPER CONSUMER SHOULD USE LOW RANGE IN 4 WHEEL DRIVE.*AK

CONTINUE ON 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 160</p>		
<p>OWNER INFORMATION (Type or Print)</p> <p>[REDACTED] 685505</p>		<p>Date Received 09-APR-2001</p>		<p>Od_ or rt_dt _____ od_rt _____ up_lr _____</p>		
<p>Do you authorize NHTSA to use the information you provide for the purpose of your vehicle? in the absence of a signature and address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Reference No. 885410</p>		<p>Work Number _____ Home Number [REDACTED]</p>		
<p>Signature of Owner [REDACTED] Date <u> / / </u></p>		<p>VEHICLE INFORMATION</p>				
<p>Vehicle Ident. No. (VIN) [REDACTED] (Located at bottom of door on driver's side)</p>		<p>Vehicle Make FORD TRUCK</p>	<p>Vehicle Model F250</p>	<p>Vehicle Year 1998</p>	<p>Current Odometer (Reading) 18,740</p>	
<p>Purchase Date 5-29-97</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name <u>Anderson Ford</u></p> <p>City <u>Lincoln</u> State <u>Ne</u> Zip Code _____</p>		<p>Engine Size (CID/CC/L) 7.3 Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection <input type="checkbox"/></p> <p>No. Cylinders 8</p>		
<p>Transmission Type <input type="checkbox"/> Manua. <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Front Belt <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	
<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>	<p>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 _____</p>					
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>						
<p>Component 07300000</p>	<p>Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No of Failures 1</p>	<p>Date(s) of Failure(s) <u>3-8-01</u> Mileage at Failure(s) <u>18000</u> Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>						
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured _____</p>	<p>Number of Fatalities _____</p>	
<p>Estimated Property Damage _____</p>			<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>						
<p>CONSUMER WAS PULLING A 5TH WHEEL CAMPER FOR 5,000 MILES WHEN TRANSMISSION FAILED, DUE TO BURNT CLUTCHES. DEALER RECOMMEND WHEN BACKING OUT CAMPER CONSUMER SHOULD USE LOW RANGE IN 4 WHEEL DRIVE.*AK</p>						

CONTINUE ON BACK IF NECESSARY

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.