



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 252

Date Received

18-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

890604

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) (Location at bottom of windshield and driver's side door)		Vehicle Make FORD TRUCK	Vehicle Model F150	Vehicle Year 2001	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15300000	Part Name(s) EQUIPMENT: SPEED CONTROL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 0	Date(s) of Failure(s) 01-APR-2001 Mileage at Failure(s) 0	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN PRESSING VEHICLE FOR SPEED BY USING CRUISE CONTROL THERE IS NO POWER, AND THERE IS VIBRATION VEHICLE FEELS LIKE IT IS COASTING ALONG, THERE IS VIBRATION PROBLEM. DEALERSHIP IS AWARE OF PROBLEM. *AK

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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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 252 Date Received: <u>18-JUN-2001</u> Office: <u>DEFECTS INVESTIGATION</u> Reference No.: <u>890604</u> Work Number: <u> </u> Home Number: <u> </u>	
OWNER INFORMATION (Type or Print) 697499			
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: <u>7/10/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's side) <u>1FTSX31F816C40555</u>	Vehicle Make <u>FORD TRUCK</u>	Vehicle Model <u>F350</u>	Vehicle Year <u>2001</u>
		Current Odometer Reading <u>5760</u>	
Purchase Date <u>3/16/01</u> ☒ New ☐ Used	Dealer's Name <u>Bickford Ford Mercury</u> City <u>Sachinash</u> State <u>WA</u> Zip Code <u>98290</u>		Engine Size (CID/CC/L) <u>7.3L</u> No. Cylinders <u>8</u> ☐ Turbo Diesel Gas ☐ Fuel Injection
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	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 Utility ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other
		Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>15300000</u>	Part Name(s) <u>EQUIPMENT: SPEED CONTROL</u> <u>GAS PEDAL</u>	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures <u>0</u>	Date(s) of Failure(s) <u>01-APR-2001</u> Mileage at Failure(s) <u>2600</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>
		Estimated Property Damage <u>0</u>	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<u>gas pedal</u> <u>WHEN PRESSING VEHICLE FOR SPEED THERE IS NO POWER.</u> <u>DEALERSHIP IS AWARE OF PROBLEM. *AK</u> <u>Bickford's found 2 OTHER TRUCKS ON LOT WITH THE SAME PROBLEM.</u> <u>Bickford's told me I was too abusive on the gas pedal.</u> <u>IF YOU PUT THE GAS PEDAL TO THE FLOOR it does nothing</u> <u>has the truck been in for repair 6 times attorney has been retained.</u>			
CONTINUE ON BACK IF NEEDED			
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