



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

DOT Auto Safety Hotline  
Vehicle Owner's Questionnaire  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received: 2003 MAY 14 2:44 PM  
Repository:   
Reference No.: 10011812

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: SAN ANTONIO State: TX Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized agent, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 4/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (VIN) - letters of distinction on driver's side: FULLFILL IMELM10P1VW626812  
Make: MERCURY Model: TRACER Model Year: 1997  
Date Purchased: 11-14-96 Dealer's Name and Telephone Number (210) 341-8841  
Engine: No. Cylinders: 4 Fuel Type: GASOLINE  
Original Owner:  Dealer's City: SAN ANTONIO State: TX Zip Code: 78216  
Transmission Type: AUTOMATIC OVERDRIVE  
 Antilock Brakes  Cruise Control  
Powertrain: [Redacted]  
Vehicle Component Code: 071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY  
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 13-FEB-2002 - 3-4-03 Failure Mileage: 41,249 Failure Speed: N/A  
FUEL TANK LEAKING

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM19A8C038): [Redacted]  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(ies).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

THE FUEL TANK LEAKED GAS. JB Took car in to dealer on 9/11/01, fuel odor coming from front of vehicle. I was told that it was residual oil from a previous oil change. I then continued to smell this odor. On 3/4/03 I took car in for safety recall on airbags. At that time a 24 point safety inspection was done and I was told that there was a fuel tank leak specifically due to split in seam a top of fuel tank. Was advised fuel tank must be replaced so it was replaced at that time. Was advised that there was no safety recall for fuel tank on this vehicle. I also called Ford Motor customer service on 3/13/03 and was advised that there was no recall for fuel tank.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS 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.

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

Attached is copy of invoice dated March 6, 2003 for replacement of fuel tank. Also attached is copy of 9/11/01 invoice when I first noticed fuel odor.

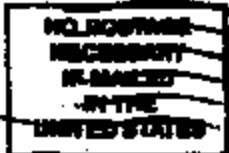
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



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OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

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**1-888-327-4236**

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(DASH) 2 DOT



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<http://www.nhtsa.gov>

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**