



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 - 335

Date Received

Repository

29-APR-2002

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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: ST. HELENS State: OH Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 signature, your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 7/7/03

VEHICLE INFORMATION

Make: FORD	Model: F250	Model Year: 1991
Date Purchased:	Dealer's Name and Telephone Number:	Engine: No: Cylinders:
Original Owner: <input type="checkbox"/>	Dealer's City: State: Zip Code:	Fuel Type:
Transmission Type: <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain:	Vehicle Component Code: 072000 FUEL SYSTEM, GASOLINE:DELIVERY
Multiple Failure:		

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-APR-2002	Failure Mileage: 111046	Failure Speed:
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:	Tire Model (Name or Number):	Tire Size (Example P215/65R15):
DOT No. (Example: DOTM4LSABC036):	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code:	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

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

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 Deaths:	Reported to Police: N
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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).

WHEN THE FRONT TANK WAS EMPTY AND THE CONSUMER SWITCHED TO THE REAR FULL TANK, SOMEHOW THE GAS FROM THE REAR TANK PUMPED BACK INTO THE FRONT TANK WHICH RESULTED IN THE REAR TANK BEING EMPTY. *NLM

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.