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

2003 JUL -3 AM 10:21

FOR AGENCY USE ONLY 252

Date Received	Repository
21-MAY-2003	
	Reference No. 10020302

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address: [redacted]	Evening Telephone Number: Same	
City: KULPMONT	State: PA	Zip Code: [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 authorization [redacted] or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/16/03

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
PLEASE FILL IN 1FTDF15Y[illegible]B16429	Ford	1500	1991

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
4/28/99	Dallazva Auto Sales	6	Gasoline

Original Owner	Dealer's City	State	Zip Code
☐	Kulpmont	PA	17834

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code
Automatic		4X2	071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY
			Multiple Failure: ● 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
21-MAY-2003	94615		Repaired at Sylvan Ford (570) 648-5771. three times but never fixed

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: DOTHALQABC036)	☐ Original Equipment* ☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

WHILE DRIVING ON THE HIGHWAY WITHOUT PRIOR WARNING THE GAS TANKS LEAKED FUEL. WHEN ONE TANK WAS FULL THE OTHER TANK WOULD LEAK GASOLINE. *NLM

Vehicle has two fuel tanks and gasoline will crossflow between tanks pressurizing the tank forcing gas to overflow out fuel fill caps

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

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).