



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](http://www.nhtsa.dot.gov/hotline)

2003 JUL 8

FOR AGENCY USE ONLY 100145

Date Received  
8 PM 12:44  
12-JUN-2003

Repository

Reference No.  
10022951

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City DEKALB State IL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 07/07/03

**VEHICLE INFORMATION**

[REDACTED]		Make FORD	Model CROWN VICTORIA	Model Year 1995
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders 8	Fuel Type: GASOLINE
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AOD	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4.6 V-8	Vehicle Component Code 071110 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER	
Multiple Failure: 1				

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 27-JAN-2003	Failure Mileage 62000	Failure Speed PARKED	
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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: DOTM15ABC036)	<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).

FUEL PIPE LEAKS CAUSING A STRONG SMELL OF FUEL . DEALER NOTIFIED. \*AK

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.