



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 100079

Date Received
003 SEP 15 PM 2:
19-AUG-2003

Repository ☐
Reference No.
10034206

OWNER INFORMATION (Type or Print)

Name
Address
City CHICAGO State Zip Code

Daytime Telephone Number
Evening Telephone Number
E-mail Address

Do you authorize NHTSA to contact the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner Date 8/13/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMNU4159YE019043
Make FORD Model EXCURSION Model Year 2000
Date Purchased 5/2000 Dealer's Name and Telephone Number DEER-HILL ROAD
Original Owner ☒ Dealer's City NILES State IL Zip Code 60067
Engine: No. Cylinders 8 Fuel Type: GASOLINE
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain
Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING,
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 19-AUG-2003 Failure Mileage 20513 Failure Speed 0 RAYON SQUINCH/ BIT CHWEN THROUGH FUEL LINE

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make The Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM159ABC036) ☐ 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 ☐ 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).

SOME KIND OF ANIMAL CHEWED UP THE FUEL LINE, CAUSING FUEL TO LEAK. 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 statement made orally to NHTSA, may be used in support of the agency's action.

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

RAT ON SQUIRREL GOT INTO UNDER CHASSIS OF CAR & CHEWED
THROUGH FUEL LINE. FUEL LINE HAS BEEN REDESIGNED BY
FORD MOTOR CO

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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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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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and dial toll free at

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(DASH) & DOT



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http://www.dhs.gov/nhtsa