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 DEC 10 PM 3:00

FOR AGENCY USE ONLY 1387

Date Received	Repository
29-OCT-2003	
	Reference No. 10044925

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City GENESEO	State IL	Zip Code [redacted]	

Daytime Telephone Number [redacted] | E-mail Address [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, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11 Nov 2003

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTDF15Y0NLA95993	FORD	F150	1992

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Nov-1995	Private Owner			6	Unleaded
Original Owner ☐	Dealer's City Ottumwa	State IA	Zip Code		

Transmission Type			Vehicle Component Code
Manual	☐ Antilock Brakes ☐ Cruise Control	Powertrain	071200 FUEL SYSTEM, GASOLINE:STORAGE; AUXILLARY TANK
			Multiple Failure: S

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
Since Nov 1995	30000		

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: DOTMAL9ABC036)	☐ 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).

FUEL PUMP ASSEMBLY HAD A MALFUNCTION IN THE CHECK VALVE WHERE THE FUEL IN ONE TANK WOULD EMPTY IN THE SECOND TANK. THIS PROBLEM WOULD CAUSE AN OVERFLOW OF FUEL WHICH WOULD THEN SPILL OUT OF THE FUEL TANK. THERE IS A RECALL #93V126000, BUT THIS VEHICLE IS NOT UNDER RECALL. *AK

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