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 100222

Date Received	Repository
04-OCT-2004	Reference No. 10094941

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City PEGRAM	State TN	Zip Cod

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 _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTDF15Y0N	FORD	F150	1992

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10-31-92	PERFORMANCE FORD 615-297-4111			No: Cylinders	Gas
Original Owner ☒	Dealer's City NASHVILLE	State TN	Zip Code 37209	6	

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☐ Cruise Control	REAR WHEEL DRIVE	070000 FUEL SYSTEM, GASOLINE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
17-SEP-2004	121206	

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).

VEHICLE LEAKED FUEL. THE FUEL PRESSURE VALVE WAS REPLACED BY THE DEALER, AFTER. A RECALL ON DEMAND BY THE MANUFACTURER. VEHICLE STILL LEAKED FUEL ONTO THE HIGHWAY. DEALER WANTED THE CONSUMER TO PAY FOR A DIAGNOSTIC TEST IN ORDER TO REPAIR IT AGAIN.*AK

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