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 1368

Date Received	Repository
03-MAR-2005	Reference No. 10113322

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City PROVO	State UT	Zip Code 84601

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] 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 3/19/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTEF15N5[redacted]	FORD	F150	1989

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
1989	Allen-Patch 2293640			8	Gasoline
Original Owner [X]	Dealer's City Orem Utah	State UT	Zip Code		

Transmission Type			Vehicle Component Code
	[ ] Antilock Brakes [X] Cruise Control	Powertrain ✓	072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-DEC-2004	80000		fuel Tank Selector Valve

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: DOTMAL9ABC0361)	[ ] Original Equipment [ ] Prior Repair	Failure Location: ~~Stationary Vehicle~~
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 [X] No	[ ] Yes [X] 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 IS PUMPING TO THE FRONT/REAR OF VEHICLE. THIS IS CAUSING A LEAKAGE, AND FOR CONSUMER TO SMELL GAS FUMES INSIDE THE VEHICLE. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK Pumps gas from front tank to rear tank over flowing through vent on Rear tank. Gas spills out near hot Exhaust Pipe. At one flowed While in my garage and fumes came into the house from garage door - Allen/Patch Notified

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