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 100148	
Date Received: 17-JUN-2005	Repository ☐
	Reference No.: 10125621

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City: RIVERSIDE	State: CA	Zip Code: [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 6/16/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2FTJW35GXMC[redacted]	FORD	F350	1990

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
6/6/1995	MOSS MOTORS			No. Cylinders 8	Gas
Original Owner ☐	Dealer's City: RIVERSIDE	State: CA	Zip Code: 92504		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	071210 FUEL SYSTEM, GASOLINE:STORAGE:AUXILLARY TANK:SELEC Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
16-JUN-2005	44470	0	

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: DOTMALSABC036)	☐ 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).

DT: THE CROSS OVER OF THE FUEL IMPROPERLY OVERFILLS THE SECOND TANK, SPILLING FUEL OUT OF VEHICLE. THERE WERE 2 SAFETY RECALLS OF THIS ITEM, BUT FORD WAS SAYING THAT ONE RECALL WAS TAKEN CARE OF BY A PREVIOUS OWNER. THE SECOND RECALL EXPIRED, AND FORD WILL NOT FIX THIS PROBLEM. FORD HAS BEEN CONTACTED BY THE CUSTOMER AND THE REPAIR FACILITY. FORD WAS STILL NOT WILLING TO HELP. THIS HAS BEEN A PROBLEM FOR A COUPLE OF MONTHS. THE CUSTOMER WAS HAVING IT REPAIRED AT HIS OWN EXPENSE. IF THERE WAS A SAFETY ISSUE ON THIS PROBLEM IT SHOULD BE TAKEN CARE OFF BY DEALER NO MATTER HOW MANY TIMES IT COMES UP *AK

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