



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
03 JAN 25 AM 9:20
16-DEC-2005

Repository
Reference No.
10145316

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City GOODFELLOW AIR FORCE BASE State TX Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening 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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2FALP71W2 [Redacted]
Make FORD Model CROWN VICTORIA Model Year 1995
Date Purchased 01-SEP-05 Dealer's Name and Telephone Number _____ Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE
Vehicle Component Code 072000 FUEL SYSTEM, GASOLINE:DELIVERY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-DEC-2005 Failure Mileage 97000 Failure Speed *GARMENT DAMAGED FILL NECK FOR GAS TANK*

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: DOTM18ABC038) 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).

DT: THE CONTACT STATES THERE IS A NHTSA RECALL CAMPAIGN ID 021003000 CONCERNING THE FUEL SYSTEM. THIS VEHICLE HAS THE SAME PROBLEMS AS INDICATED IN THE RECALL. THE MANUFACTURER SAID THIS VEHICLE'S WAS NOT INCLUDED IN THE RECALL BECAUSE IT WAS NO LONGER AN ISSUE USED BY LAW ENFORCEMENT. THE VEHICLE HAS NOT BEEN REPAIRED AT THIS TIME. *AK

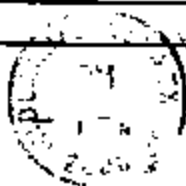
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-578 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 statistical summary thereof, may be used in support of the agency's action.

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

FORD & THE FORD DEALER SHIP ARE AWARE OF THE PROBLEM & THE BOTH REFUSE TO FIX IT BECAUSE ITS NO LONGER A POLICE CAR. THE ISSUE IS NOT FIXED BY A DEALER CAN RESULT IN A FIRE OF THE CAR. IF YOU FIX IT UP IT LEAKS OUT TO THE EXHAUST SYSTEM.

ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

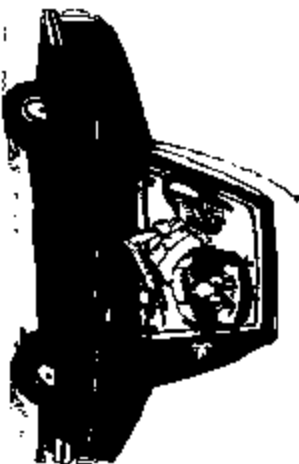
Official Business
Penalty for Private Use \$300

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

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



**VEHICLE
OWNER'S**