



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.dhs.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 06-MAR-2008  
Repository:   
Reference No.: 10151977

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: LOUISVILLE State: KY Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, DOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 3/13/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1FTDF [Redacted]  
Make: FORD Model: F-150 Model Year: 1996  
Date Purchased: [Redacted] Dealer's Name and Telephone Number: TOWN & COUNTRY FORD 502-964-8131 Engine: [Redacted] Fuel Type: Gas  
No: Cylinders: 6  
Original Owner:  Dealer's City: LOUISVILLE State: KY Zip Code: 40219  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: REAR WHEEL DRIVE  
Vehicle Component Code: 071200 FUEL SYSTEM, GASOLINE:STORAGE:AUXILIARY TANK  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-FEB-2008 Failure Mileage: 106000 Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM19ABC036): [Redacted]  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: [Redacted] Number of Deaths: [Redacted] 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 STATED WHILE DRIVING AT NO SPECIFIC SPEED, SPILLAGE OCCURS FROM THE SECONDARY GAS TANK, REGARDLESS OF THE AMOUNT OF FUEL THAT IS IN THE PRIMARY OR SECONDARY TANK THE SPILLAGE HAPPENS. THE CONTACT INFORMED THE DEALER OF THE PROBLEM. THE VEHICLE HAS NOT BEEN TAKEN TO THE DEALER FOR INSPECTION OR REPAIR. *Because \$96.00 is needed to inspect the vehicle to tell me what is wrong.*  
*Spillage occurs any time, while driving and not driving.*



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

The Privacy Act of 1974-Public Law 93-579 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)**

The front tank (fuel) is "pressurized" & spillage comes from the tank, past the gas cap and flows down the side of vehicle. This problem started in January 2006. Even if this front tank has no gas in it, somehow, the second tank's gas is "leaking" over, therefore getting very poor gas mileage. This truck is used for our business & is our only income, therefore, is needing repair. But we don't have the money or time that the dealership wants.

Thank You



ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**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-210  
400 7th Street, SW  
Washington, DC 20590



Think your vehicle has a safety defect?



If so:  
Use the enclosed form to file a report.

or visit:

[www.safercar.gov](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
888-327-4236



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