



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

Repository ☐

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Reference No.
10158786

OWNER INFORMATION (Type or Print)

Name
Address
City State Zip Code
City State Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

(1) 17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1FAPP24165G
Make Model Model Year
Date Purchased Dealer's Name and Telephone Number
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes ☐ Powertrain
AUTOMATIC ☒ Cruise Control ☐ FRONT WHEEL DRIVE
Vehicle Component Code
070000 FUEL SYSTEM, GASOLINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Failure Mileage Failure Speed
02-MAY-2006 6500

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: DOTN1A3ABC036) 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 Number of Deaths Reported to Police

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 THE FUEL GAUGE WAS STICKING INTERMITTENTLY AND WOULD NOT INDICATE THE PROPER AMOUNT OF FUEL IN THE TANK. EVENTUALLY THE GAUGE WOULD NOT OPERATE AT ALL. THE DEALERSHIP DETERMINED THE PROBLEM WAS WITH THE FUEL QUALITY AND ADDED FUEL ENHANCERS TO THE FUEL TANK. CURRENTLY THE FUEL GAUGE IS WORKING PROPERLY. THE CONTACT IS CONCERNED IF THERE IS ACTUALLY A PROBLEM WITH FUEL QUALITY THE PROPER AUTHORITIES SHOULD BE ALERTED.

DEALER BLAMING THE FUEL.
I WORRND IT THE FUEL GAUGE THATS DEFECTIVE, I HAVD
REPLACED SEVERAL GAUGE SENSORS IN PICKUPS (FORDS). THIS IS A FIRST
FOR A NEW CAR.

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.