



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

07-JAN-2008

Reference No.

2008 JAN 29 AM 7:40

10214080

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Address [REDACTED]

City SOIX FALLS

State SD

Zip Code [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 an authorized agent, please provide a name or address to the vehicle manufacturer.

Signature of Owner [REDACTED] Date 1/11/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FTEX14N8LK [REDACTED]

Make

FORD

Model

F150

Model Year

1990

Date Purchased
01-JUN-06

Dealer's Name and Telephone Number
Private Party

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
MANUAL

Antilock Brakes
 Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-NOV-2007

Failure Mileage
102000

Failure Speed
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: DOTM19ABC036)

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).

TL*THE CONTACT OWNS A 1990 FORD F150. THE CONTACT STATED THAT THERE WAS FUEL LEAKAGE WHEN HE FILLED THE FUEL TANK. THE MECHANIC STATED THAT THE FRONT TANK LEAKED FUEL INTO THE REAR TANK WHICH CAUSED THE REAR TANK TO LEAK. THEY STATED THAT FUEL PUMP SENDER ASSEMBLY NEEDS TO BE REPLACED. THERE IS A RECALL FOR THE FUEL SYSTEM, GASOLINE: STORAGE: TANK ASSEMBLY (NHTSA CAMPAIGN ID #93V125000) HOWEVER THE MANUFACTURER STATED THAT THE VIN WAS NOT INCLUDED. THE FAILURE MILEAGE WAS 102,000 AND CURRENT MILEAGE WAS 104,000.

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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).