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

2008 MAR -4 PM 12:26

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
14-FEB-2008	Reference No. 10218024

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City RAGLAND	State AL	Zip Code [redacted]	Evening Telephone Number [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 02/25/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTEF14N3J[redacted]	FORD	F150	1988

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
09-JUN-89	Pell City Ford L-M (205) 338 9463			No: Cylinders 8	Gas
Original Owner ☒	Dealer's City Pell City AL	State AL	Zip Code 35125		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	4 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	
01-JAN-2008	89000	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: DOTMAL9ABC036)	☐ 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	0	0	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 1988 FORD F150. WHILE THE VEHICLE WAS PARKED, THE CONTACT LOOKED UNDERNEATH IT AND NOTICED FUEL LEAKING. HE DISCOVERED A RECALL FOR THE SAME FAILURE FOR THE 1989 MODEL. THE DEALER STATED THAT WHEN THE RECALL WAS ISSUED ON THE 1989 MODEL, THEY HAD TO INSTALL TWO FUEL PUMPS IN EACH TANK. THE DEALER ALSO INSTALLED A CHECK VALVE TO STOP THE LEAKAGE. THE CONTACT WAS NOTIFIED THAT HIS VEHICLE DID NOT HAVE A CHECK VALVE, WHICH WAS THE REASON FOR THE FUEL LEAK. THE DEALER REFUSED TO REPAIR THE VEHICLE BECAUSE IT WAS NOT INCLUDED IN THE RECALL; HOWEVER, THE CONTACT FEELS THAT IT SHOULD. THE FAILURE MILEAGE WAS 89,000 AND CURRENT MILEAGE WAS 91,000.

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