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 SEP -9 A 8:

FOR AGENCY USE ONLY 100148	
Date Received	**Repository** ☐
11-AUG-2008	Reference No. 10237759

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City STANLEY	**State** VA	**Zip Code** [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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP42X11[redacted]	FORD	MUSTANG GT	2001

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
05-10-02	Keith Auto Harrisburg, Va.		No: Cylinders 8	GAS
Original Owner ☐	Dealer's City	State / Zip Code		

Transmission Type			Vehicle Component Code
STANDARD	☑ Antilock Brakes ☑ Cruise Control	Powertrain	070000 FUEL SYSTEM, GASOLINE Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-AUG-2008	58000	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 2001 FORD MUSTANG GT. THE CONTACT STATED THAT WHEN THE GAS TANK WAS FILLED, FUEL WOULD LEAK BACK OUT OF THE VEHICLE. FUEL WOULD ALSO LEAK ONTO THE TAIL PIPES AND THE SHIELD SURROUNDING THE FUEL TANK. THE DEALER STATED THAT THE FUEL TANK SHIELD NEEDED TO BE REPLACED IN ORDER TO KEEP THE GASOLINE FROM LEAKING OUT OF THE VEHICLE AT AN ESTIMATED COST OF $200. THE FAILURE AND CURRENT MILEAGES WERE 58,000.

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

CUSTOMER #: 46239

Marlow Ford

INVOICE

1021 US Hwy 211 W
Luray, VA 22835
(540) 743-5128
FAX (540) 743-5077

[redacted]
STANLEY, VA [redacted]
HOME: [redacted] CONT: N/A
BUS: CELL: [redacted]

PAGE 1

SERVICE ADVISOR: 47 ANTHONY COX

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
GRAY	01	FORD MUSTANG	1FAFP42X1[redacted]	[redacted]	55565/55565	

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01SEP01 DD		01SEP2004	17:00 11AUG08			CASH	12AUG08

R.O. OPENED	READY	OPTIONS:
09:51 11AUG08	15:57 12AUG08	DLR:27U453 ENG:4.6_Liter_EFI_SOHC_(W)

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A CS VEHICLE HAS A FUEL LEAK NEAR THE FUEL TANK			
M37 DIAG FOR FUEL LEAK, REPLACE LEAKING FUEL			
FILLER NECK TO TANK SEAL.			
8399 WINDLE,DAVID LIC#: 8399			
CPS		156.78	156.78
1 2R3Z*9072*AA GASKET	24.85	24.85	24.85
**********			
CUSTOMER PAY MISC. SHOP CHG. FOR REPAIR ORDER			15.68

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item\items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	156.78
PARTS AMOUNT	24.85
GAS, OIL, LUBE	.0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	15.68
TOTAL CHARGES	197.31
LESS INSURANCE	0.00
SALES TAX	1.24
PLEASE PAY THIS AMOUNT	198.55

CUSTOMER COPY