U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 MAR 16 PM 3:32

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
25-FEB-2009	Reference No. 10259881

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City LANCASTER	State CA	Zip Cod	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 au[illegible] NHTSA WILL NOT [illegible] ur name or address to the vehicle manufacturer.
Signature of Owner ___ Date 3/4/9

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTHF25H7KF	FORD	F250	1989

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
	private sale used			8	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control	2WD	Yes	14-AUG-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage	Failure Speed
	98000	25

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 1989 FORD F250. WHILE DRIVING APPROXIMATELY 25 MPH ON NORMAL ROAD CONDITIONS, THE CONTACT SMELLED A STRONG ODOR OF FUEL COMING FROM OUTSIDE OF THE VEHICLE. THE DRIVER PULLED OVER TO THE SIDE OF THE ROAD AND OBSERVED FUEL LEAKING FROM THE AUXILIARY TANK. IMMEDIATELY, THE FUEL TANK CAP WAS REMOVED AND FUEL SPRAYED OUT OF THE TANK ONTO HIS CLOTHING. THERE WERE NO PERSONAL INJURIES SUSTAINED. ON A SEPARATE OCCASION, THE MAIN FUEL TANK FAILED IN THE SAME MANNER. THE MANUFACTURER WAS NOTIFIED AND DISCOVERED NHTSA CAMPAIGN ID NUMBER 91V146000 (FUEL SYSTEM, GASOLINE,STORAGE;AUXILIARY TANK;SELECTOR DEVICES). THE VIN WAS EXCLUDED FROM THE RECALL, ALTHOUGH THE FAILURES WERE IDENTICAL. THE VEHICLE HAS NOT BEEN REPAIRED. THE FAILURE MILEAGE WAS 98,000 AND CURRENT MILEAGE WAS 105,000.

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