



DEC 18 2009

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

U.S. Department of Transportation

Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline

National Highway Traffic Safety Administration

Date Received

Repository

02-DEC-2009

Reference No. 10294291

OWNER INFORMATION (Type or Print)

Name [Redacted]

Address [Redacted]

City INDIANAPOLIS

State IN

Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address [Redacted]

Evening Telephone Number [Redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

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

1FPXE45S98B [Redacted]

Jayco Greyhawk motor home

Make

FORD chessis

Model

E450 cutaway

Model Year

2008

Date Purchased

5-14-08

Dealer's Name and Telephone Number

Colerain Trailer Center Inc

Engine:

No: Cylinders

10

Fuel Type:

Gas

Original Owner

Dealer's City

Cincinnati

State

OH

Zip Code

45251

Transmission Type

AT

Antilock Brakes

Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

12-NOV-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE

Failure Mileage

* 788 11-12-09

Failure Speed

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

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 2008 FORD ECONOLINE E450. THE CONTACT STATED THAT HE SMELLED FUEL. HE ALSO CHECKED THE FUEL TANK AND FUEL LINES AND DIDN'T OBSERVED ANY DAMAGE TO THE FUEL TANK. THE DEALER CONFIRMED THAT THERE WAS A BAD SEAM WELD ON THE FUEL TANK. THE FUEL TANK WAS REPLACED ACCORDING TO THE WARRANTY. THE MANUFACTURER WAS NOT NOTIFIED. THE CURRENT MILEAGE WAS 7921 AND THE FAILURE MILEAGE WAS APPROXIMATELY 788.

Tank replaced 7,921 miles 12-02-09

RECALL INFORMATION: 2008 FORD ECONOLINE E450 (NHTSA Recall 08-024)

* Vapor was smelled continuously in months prior but source was not located.

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 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.



2713 East Main Street
P.O. Box 750
PLAINFIELD, INDIANA 46168
(317) 839-6541

PARTS & SERVICE DEPARTMENT Mon.-Tue.-Wed.-Thurs. 7:30 a.m. until 7:00 p.m.
Friday 7:30 a.m. until 5:30 p.m.
Sat. 8:00 a.m. until 1:00 p.m.

CUSTOMER NO. 51908	ADVISOR JEFFREY R BOUTWELL	TAG NO. 2016 Y794	INVOICE DATE 12/02/09	INVOICE NO. FOCS378478
	LABOR RATE	LICENSE NO.	MILEAGE 7,921	COLOR WHITE/
	YEAR / MAKE / MODEL 08/FORD TRUCK/ECONO CUTAWAY/VAN E-45	DELIVERY DATE		DELIVERY MILES
INDPLS, IN	VEHICLE I.D. NO. 1 F D X E 4 5 S 9 8 D	SELLING DEALER NO.		PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	R.O. DATE 12/02/09	
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS		

LABOR & PARTS	TECH(S)	WARRANTY
J# 1 26FOZ FUEL SYSTEM INSTALL S.O PART TO RPR FUEL ODOR REPLACED LEAKING TANK. WELD WAS LEAKING	2078	
PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE- JOB # 1 1 7C2Z-9002-F TANK ASY - FUE		0.00
JOB # 1 TOTAL PARTS		0.00
JOB # 1 TOTAL LABOR & PARTS		0.00
J# 2 98FOZ99P MULTI POINT PERFORM MULTI POINT INSPECTION	2078	0.00
PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE- JOB # 2 TOTAL PARTS		0.00
JOB # 2 TOTAL LABOR & PARTS		0.00
COMMENTS WAITER		
TOTALS-----		
IF YOU HAVE ANY QUESTIONS PLEASE SEE YOUR SERVICE ADVISOR IF YOU RECEIVE A SURVEY FROM FORD MOTOR CO. AND FOR ANY REASON YOU CANNOT GRADE US (COMPLETELY SATISFIED), PLEASE CONTACT NIKKI SMYTHE @ 632-3673(FORD), THANK YOU!	TOTAL LABOR.... TOTAL PARTS.... TOTAL SUBLET... TOTAL G.O.G.... TOTAL MISC CHG. TOTAL MISC DISC TOTAL TAX.....	0.00 0.00 0.00 0.00 0.00 0.00 0.00
	TOTAL INVOICE \$	0.00

CROSS REFERENCED TO

SERVICE INSTALLED PARTS

DATE INSTALLED			ACCRUED MILEAGE
MO.	DAY	YR.	CENT TENTHS
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 HAS 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 REPRESENTATIVES OF FORD.			

DISCLAIMER OF WARRANTIES

The manufacturer warranty constitutes all of the warranties with respect to the sale of these items. The seller, ANDY MOHR FORD-LINCOLN-MERCURY, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this product.

CUSTOMER SIGNATURE _____

(CHECK (✓) APPROPRIATE BOX)

<input type="checkbox"/> CLAIMS REVIEW	<input type="checkbox"/> AUTHORIZATION TO SUBMIT CLAIM	<input type="checkbox"/> PARTS SCRAP OUT
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\$ PARTS \$ LABOR \$ TOTAL

Authorized Signature And Date

PROGRAM CODE	AUTHORIZATION NUMBER	COMMITMENT NUMBER
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This bill was CHARGED ON _____ Charge Card.

Reynolds and Reynolds BRAINTIME CC227628 Q (02/07)