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: JUN 17 2011 / 11-MAY-2011

Repository ☐

Reference No. 10400029

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City TRAVERSE | State MI | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address [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	Make	Model	Model Year
2FTZF1826YC[redacted]	FORD	F-150	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City: Traverse City	State: MI	Zip Code: 49684	6	9AS

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☐ Antilock Brakes ☑ Cruise Control		Gas tank	23-APR-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage	Failure Speed
	100000	55

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			Y

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 2000 FORD F150. WHILE DRIVING APPROXIMATELY 55 MPH, THE CONTACT STATED THAT THE FUEL TANK DETACHED FROM THE VEHICLE. THE FIRE DEPARTMENT WAS DISPATCHED SINCE THE TANK WAS LEAKING FUEL. A POLICE REPORT WAS AVAILABLE. THE DEALER WAS CONTACT BUT DID NOT PROVIDE ANY ASSISTANCE SINCE THERE WERE NO RECALLS FOR THE FIALURE. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE AND THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 100,000. THE VIN WAS UNAVAILABLE.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Total Expenses we paid out of pocket

Repairs to Truck	$681.71	
Towing	$133.22	
Hotel 1-night	$71.56	Total Expenses
We also had 2-meals	30.00	Incurred
but I have no receipts	$916.49	$916.49

I would est. Dinner + Breakfast $30.00 for 2

ATTACH ADDITIONAL SHEETS IF NECESSARY

The truck was not finished until 3:00 p.m the following day, 4-24-09

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

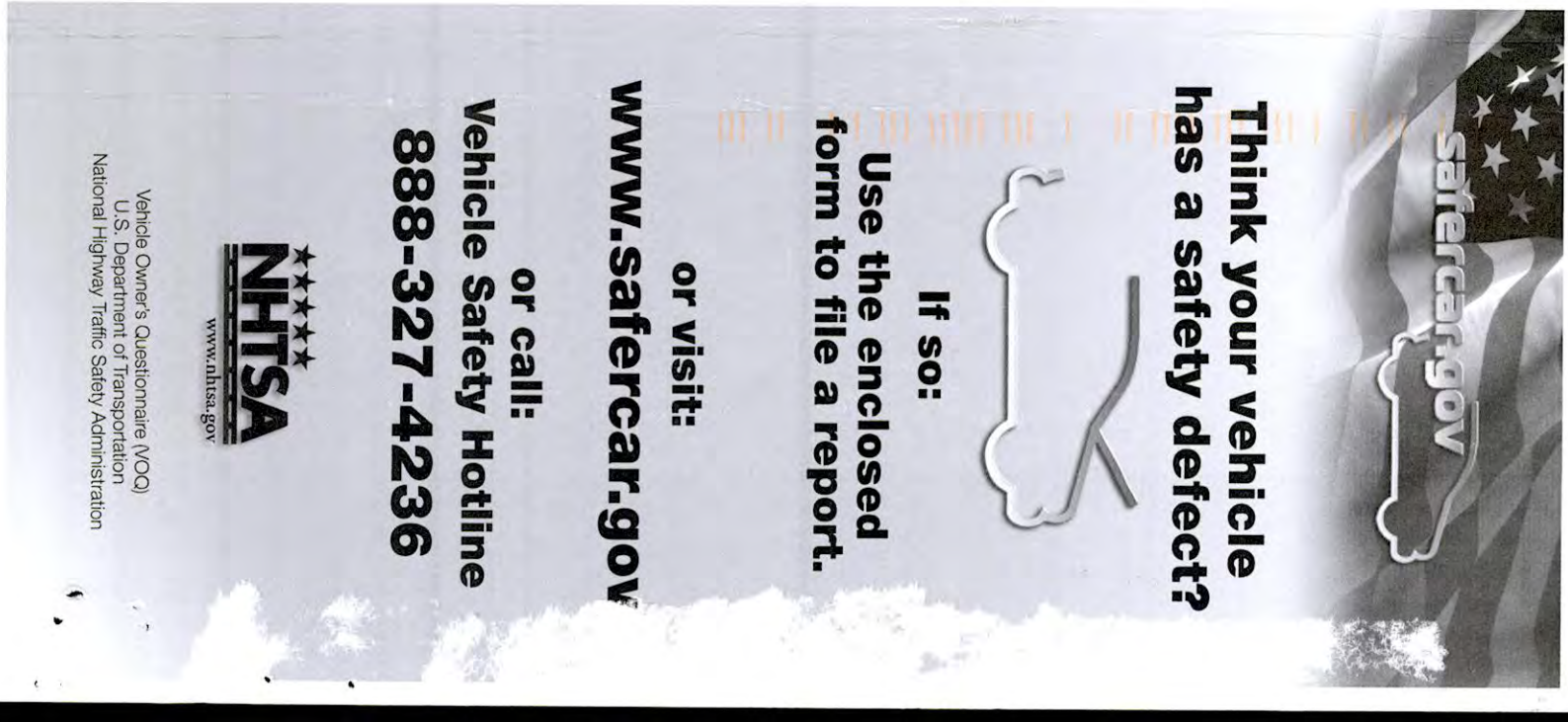
TRAVERSE CITY MI 495
11 JUN 2011 PM 1 T

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Town House Inn
13929 Gold Circle
Omaha, NB 68144

Telephone: 402-333-3777
Rate: $71.56
Manager: Patel

[redacted]

stayed @ Town House Inn on
April 23, 2009. for 1-night
We paid $71.56.

While our Truck was being repaired
with a new gas tank + straps,
we had to stay over in NB
for 1-night.

[redacted]

6-10-11

04/24/09 105 605291 1 **604254**

License: [redacted] **COPY**
Mileage: 109,143 00 FORD F150

[redacted]

Cash

15 [redacted] CUSTOMER PICKUP

660000	RD 50694873 30GAL TANK	1	1	340.20	340.20
660000	WHF 5036656 FUEL TANK STRAP	1	1	32.03	32.03
660000	WHF 5036656 FUEL TANK STRAP	1	1	35.91	35.91
665000	R&R FUEL TANK&STRAPS	1.00	1.00	225.00	225.00
S	SERVICE SHOP SUPPLIES	1	1	20.00	20.00

***** THANK YOU *****

SubTot Parts:	428.14
SubTot Labor:	225.00
Tax 7.000% :	28.57

C.O.D.

Inv Total : 681.71

HEARTLAND TOWING
6328 GROVER STREET
OMAHA, NEBRASKA 68106
(402) 493-2500
"THE CAN DO PEOPLE"

117725

BILL TO

[redacted]

[redacted]

Traverse City MI [redacted]

☐ CASH
☐ CHARGE
☐ ON ACCOUNT

OWNER OF VEHICLE

DATE	TIME	REQUESTED BY	MILEAGE BEFORE TOWING
4/23/09		OPD. own Req	

YEAR	MAKE/MODEL/COLOR	VIN
00	F-150 / Lt BR	

DRIVER	UNIT #	TAG #
J. Watt 20		

LOCATION OF VEHICLE	TOWED TO
I-PO W.B. 15th St	140 W. Center Rd

EMPTY MILEAGE	LOADED MILEAGE	EXTRA TIME
FINISH	FINISH	FINISH
START	START	START
TOTAL	TOTAL	TOTAL

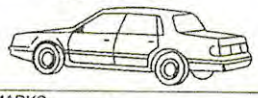
DAMAGE RELEASE

I HAVE BEEN ADVISED THAT MY VEHICLE MAY BE DAMAGED IF WINCHED, TOWED, UNLOCKED OR LEFT ON UNATTENDED PREMISES. I RECOGNIZE THE DIFFICULTY INVOLVED AND I AGREE NOT TO HOLD THE TOWING SERVICE RESPONSIBLE FOR SUCH DAMAGE SHOULD IT RESULT.

SIGNATURE OF CAR OWNER OR AGENT _____ DATE _____

VEHICLE WILL NOT BE RELEASED UNTIL TOWING SERVICE IS PAID

REAR & LEFT



FRONT & RIGHT

MILEAGE CHG.	
TOWING CHG.	84 50
LABOR CHG.	40 00
STORAGE CHG.	
	8 72
TOTAL	133 22

REMARKS

Paid Cash

J.w # 20

SIGNATURE OF TOW OPERATOR 4-23-09 DATE

CUSTOMER COPY