

 <p>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</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Date Received SEP 16 2011 02-AUG-2011</p>	<p>Repository <input type="checkbox"/> Reference No. 10416751</p>
<p>OWNER INFORMATION (Type or Print)</p>			
<p>Name [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>	
<p>Address [REDACTED]</p>		<p>E-mail Address NONE</p>	
<p>City SMITHVILLE</p>	<p>State MO</p>	<p>Zip Code [REDACTED]</p>	<p>Evening Telephone Number [REDACTED]</p>
<p><i>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).</i></p>			
<p>VEHICLE INFORMATION</p>			
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTHX26G9SK [REDACTED]</p>		<p>Make FORD 2 DOOR</p>	<p>Model F-250 SD</p>
<p>Model Year 1995</p>		<p>Engine: 460 No: Cylinders</p>	<p>Fuel Type: REG</p>
<p>Date Purchased 1995</p>	<p>Dealer's Name and Telephone Number DAVE LITTLETON</p>		<p>Original Owner <input checked="" type="checkbox"/></p>
<p>Dealer's City SMITHVILLE</p>	<p>State MO</p>	<p>Zip Code 64089</p>	
<p>Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p>	<p>Incident Date(s) 01-DEC-2010</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE</p>		<p>Failure Mileage 90000</p>	<p>Failure Speed</p>
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>			
<p>Tire Make</p>	<p>Tire Model (Name or Number)</p>	<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19ABC036)</p>	<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>	
<p>Tire Component Code</p>	<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>			
<p>Make:</p>	<p>Date Manufactured:</p>	<p>Model No./Name:</p>	
<p>Seat Type:</p>	<p>Installation System:</p>		
<p>Child Seat Component Code:</p>	<p>Failed Part:</p>		
<p>APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i></p>			
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Deaths</p>
		<p>Reported to Police N</p>	
<p>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).</p>			
<p>TL* THE CONTACT OWNS A 1995 FORD F-250 SD. THE CONTACT STATED THAT A STRONG ODOR OF FUEL WAS COMING FROM THE VEHICLE. THE VEHICLE WAS TAKEN TO A LOCAL MECHANIC, WHO EXAMINED THE VEHICLE AND LOCATED THE FAILURE AT THE FRONT AND REAR FUEL STRAPS AND FUEL TANKS. THE VEHICLE HAD NOT BEEN REPAIRED. THE FAILURE MILEAGE WAS 90,000 AND THE CURRENT MILEAGE WAS 100,000.</p> <p>THIS VEHICLE IS BEING REPAIRED 9-8-11 READ COMMENT ON BACK OF THIS LETTER. ALSO BILL IS INCLUDED OK, OVER.</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>		<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>	
<p>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 to 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.</p>			

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

FRONT & REAR

BOTH GAS TANKS ARE RUSTED OUT AND FRONT STRAPS & REAR STRAPS, HAVE NOT BEEN ABLE TO DRIVE IT. AS IT IS HAZY & TO DANGER OF FIRE, I FEEL THAT FORD SHOULD MAKE THIS GOOD. AS THE 97+98 ARE THE SAME WAY AND FORDS ARE FIXING THEM. WE FEEL LIKE WE SHOULD RECEIVE A CHECK IN THE AMOUNT OF 881.16, BECAUSE THIS IS A DEFAULT OF FORD VEHICLE MANUFACTURER. PLEASE MAIL ME A CK TO THIS ADDRESS ✓ ATTACH ADDITIONAL SHEETS IF NECESSARY

[Redacted] SMITHVILLE MO [Redacted]

THANK YOU [Redacted]

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



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



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safecar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

Kev's

MUFFLER & BRAKE SHOP

(816) 436-9999
 202E NW 72nd St.
 Gladstone, Mo. 64118

SERVICE ESTIMATE

P.O. No.	[REDACTED]	Mechanic	KEVAN	Assistant	DWNEY	Date	9-6-11
Name	[REDACTED]	Order Taken By					
Address	[REDACTED]	95 FORD PO					
City	SMITHVILLE MO						
Job Name and Location	95 FORD TRUCK FRONT + REAR GAS TANK + STRAPS.						
Work Ordered By	[REDACTED]						

DESCRIPTION OF WORK

1 FT 4 X 26 @ 9 SK	[REDACTED]	10 NO 95 FORD
FRONT TANK	186.42	
REAR TANK	220.32	
FRONT STRAPS	50.83	
REAR STRAPS	59.31	
LABOR	325.00	
		841.88

	TOTAL MATERIALS	516.88
	TOTAL LABOR	325.00
	TAX	39.28
<input type="checkbox"/> No One Home	TOTAL AMOUNT \$	881.16
Date Completed	9-8-2011	

SIGNATURE

I hereby acknowledge the satisfactory completion of the above described work.

Smithville, MO

KANSAS CITY 641-661

07 SEP 2011 PM 2 T



Business REPLY mail

U S DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION,
OFFICE OF DEFECTS INVESTIGATION, NVS-210
1200 NEW JERSEY AVENUE SE
WASHINGTON, D.C.

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