



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**

**NATIONWIDE 1-888-DASH-2-DOT**  
**1-888-327-4236**  
**www.nhtsa.dot.gov/hotline**

**FOR AGENCY USE ONLY 258**

Data Received  <b>30-AUG-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>729529</b>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> <b>1FDEE14N2PHA71016</b>	Vehicle Make <b>FORD TRUCK</b>	Vehicle Model <b>ECONOLINE</b>	Vehicle Year <b>1993</b>	Current Odometer Reading
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Purchase Date <b>01-AUG-2000</b>	Dealer's Name _____	Engine Size (CID/CYL) <b>5.0L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>06130000</b>	Par. Name(s) <b>FUEL:FUEL LINES FITTINGS AND PUMP</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**I RECENTLY PURCHASED THE VEHICLE AND WHEN EXAMINING THE UNDERSIDE OF THE VEHICLE I NOTICED STAINS ON FUEL LINES AND FUEL TANK FROM LEAKAGE. 1.THE FUEL RETURN HOSE IS BADLY CRACKED NEAR THE FUEL TANK AND HAS BEEN LEAKING. 2. THE FLOOR OF THE VEHICLE DIRECTLY ABOVE THE FUEL RETURN LINE IS STAINED FROM FUEL WHICH APPEARS TO HAVE BEEN SPRAYED UPWARD FROM THE FUEL LINE. 3. THERE APPEARS TO HAVE BEEN LEAKAGE ONTO THE TOP OF THE FUEL TANK WHICH HAS FLOWED DOWN THE SIDE OF THE TANK, POSSIBLY FROM THE SPRAY FROM THE FUEL RETURN LINE OR BAD GASKETS ON THE TOP OF THE FUEL TANK . 4. THERE ARE 2 DEEP CRACKS IN THE RUBBER HOSE WHICH RUNS FROM THE FUEL FILLER TO THE TANK, THERE IS NO SIGN OF LEAKAGE FROM THESE CRACKS. I FELT THAT THESE PROBLEMS SHOULD NOT BE APPEARING**

CONTINUED ON BACK (REVERSE)

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.