Form Approved O.M.B. No. 2127-0039

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 16-NOV-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 736419

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTEX14NXLKA86083	FORD TRUCK	F150	1990	

Purchase Date: 01-JAN-2000 ☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L 5.0
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☒ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
03223000 06116000	BRAKES:HYDRAULIC:POWER ASSIST:CHECK VALVE FUEL:FUEL TANK:AUXILLARY	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
2	01-JAN-2000 77601	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE REASON FOR MY COMPLAINT IS THAT MY TRUCK HAS A DAMAGED CHECK VALVE. I HAVE SPENT MY OWN MONEY TO TRY AND FIX THE PROBLEM, YET IT STILL DOES NOT WORK PROPERLY. WHAT IS HAPPENING IS I HAVE A DAUL TANK SYSTEM. WHEN I SWITCH MY TANK TO THE REAR IT PUMPS GAS TO THE MOTOR BUT ALSO PUMPS GAS INTO THE FRONT TANK CAUSING IT TO OVERFLOW, THUS CREATING A POTENTIAL FIRE HAZERED FOR MY WIFE AND KIDS. I CALLED FORD AND THEY SAID THERE IS NO RECAL ON SUCH A DEFFECT. YET MY MECHANICE PULLED UP A DOCUMENT OFF HIS COMPUTER UNDER THE (2000 MITCHELL REPAIR INFORMATION CO. L.L.C.) UNDER SAFTY RECALL #93S68 WHICH ADDRESSES THIS VERY PROBLEM. I BELEVE IT IS SEVERE ENOUGH TO BRING IT TO YOUR ATTEN, AND AM ASKING YOU TO GET FORD TO FIX THIS DEFECT BEFORE MY TRUCK GOES ABLAZ

CONTINUED ON BACK IF NEEDED