



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 758

Date Received

15-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8005764

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>(Location at bottom of windshield and driver's side)</small> ADD | Vehicle Make FORD TRUCK | Vehicle Model F150 | Vehicle Year 1995 | Current Odometer Reading | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | | Engine Size (CID/CC/L) _____ No. Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|------------------------------|---|--|--|
| Component 08116010 | Part Name(s) FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failure | Dates of Failure(s) 08-MAR-2002 Mileage at Failure(s) 94000 Vehicle Speed at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

FUEL IS BEING PUMPED FROM ONE TANK TO THE OTHER, TANKS ARE LEAKING FUEL.*AK

COPIES OF THIS FORM ARE:

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.

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CONTINUE ON BACK IF NEEDED

FUEL IS BEING PUMPED FROM ONE TANK TO THE OTHER, TANKS ARE LEAKING FUEL, AK

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

| | | | | | | | | | | | |
|-------|--|------|--|---------------------------|--|--------------------|--|---------------------------|--|--------------------|--|
| Crash | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | | Number of Failures | | Estimated Property Damage | | Reported to Police | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------|--|------|--|---------------------------|--|--------------------|--|---------------------------|--|--------------------|--|

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

APPLICATION INCIDENT INFORMATION

| | | | | | | | | | | | |
|----------------|--|-----------------------|-------------|-----------------------|-------|-----------------------------|--|----------------|--|------------------|--|
| No of Failures | | Date(s) of Failure(s) | 08-MAR-2002 | Mileage at Failure(s) | 94000 | Vehicle Speed at Failure(s) | | Failed Part(s) | | NHTSA Previously | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|--|-----------------------|-------------|-----------------------|-------|-----------------------------|--|----------------|--|------------------|--|

| | | | | | | | |
|-----------|----------|--------------|---|----------|--|----------------|--|
| Component | 08116010 | Part Name(s) | FUEL: FUEL TANK-AUXILIARY SELECTOR AND SWITCH | Location | <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) | <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|-----------|----------|--------------|---|----------|--|----------------|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | | | | | | | |
|-------------------|---|--------|---|------------------|---|------------|--|--------------|--|
| Transmission Type | <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual | Brakes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Meropret | Drive Type | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |
|-------------------|---|--------|---|------------------|---|------------|--|--------------|--|

| | | | | | | | | | | | | | | | |
|---------------|--|---------------|--|------|--|-------|--|----------|--|-----------------------|--|--------------|--|---------------|--|
| Purchase Date | | Dealer's Name | | City | | State | | Zip Code | | Engine Size (CID/CCL) | | No Cylinders | | Fuel Injectio | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio |
|---------------|--|---------------|--|------|--|-------|--|----------|--|-----------------------|--|--------------|--|---------------|--|

| | | | | | | | | | |
|--------------------------|--------------------|--------------|------------|---------------|------|--------------|------|--------------------------|--|
| Vehicle Ident. No. (VIN) | ADD 1E7EX14UXKRV76 | Vehicle Make | FORD TRUCK | Vehicle Model | F150 | Vehicle Year | 1995 | Current Odometer Reading | |
|--------------------------|--------------------|--------------|------------|---------------|------|--------------|------|--------------------------|--|

VEHICLE INFORMATION

Do you authorize [redacted] to provide your name and address to the vehicle manufacturer? YES NO

Signature of Owner: [redacted] Date: 3/15/02

| | | | |
|----------|------------|-------------|------------|
| Home No. | [redacted] | Work Number | [redacted] |
|----------|------------|-------------|------------|

Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

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

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

OWNER INFORMATION (Type or Print)

743716

FOR AGENCY USE ONLY 758

Date Received: 03/15/02

OFFICE INVESTIGATION

Reference No. 08005764