



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 798**

Date Received

10-MAY-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8009564

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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	FORD TRUCK	E350	1994			
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 type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input 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"/> Sport Util <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 _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06315000	Part Name(s) FUEL:FUEL INJECTION:UNKNOWN TYPE:REGULATOR	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) 01-MAY-2002 Mileage at Failure(s) 74000 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
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**FUEL PRESSURE REGULATOR IS NOT WORKING PROPERLY. REGULATOR WAS SUPPOSED TO READ AT A VERY LOW NUMBER, BUT WHEN VEHICLE STOPPED WORKING, IT WAS READING AT 90 LBS. CONTACTED DEALER. \*AK**

COPIED FROM NHTSA FORM 101

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 style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 758</p> <p>Date Received: 10-MAY-2002 OFFICE: DEFECTS INVESTIGATION</p> <p>Od_or: _____ rt_dt: _____ od_rt: _____ up_itr: _____</p> <p>Reference No.: 8009564</p> <p>Work Number: _____ Home Number: _____</p>
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**OWNER INFORMATION (Type or Print)**

753315

WETHERSFIELD CT

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of a signature, your name and address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 5/27/02

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on drivers side)</small> 1FBJS31H9RH447438	Vehicle Make FORD TRUCK	Vehicle Model SUPER E350 CLUB WAGON	Vehicle Year 1994	Current Odometer Reading 74375
Purchase Date: 2/7/01 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name: WILLIAMS FORD City: HARTFORD State: CT Zip Code: 06107		Engine Size (CID/CC/L): 351 No Cylinders: 8	<input type="checkbox"/> Turbo Diesel Fuel Injection <input checked="" type="checkbox"/> Gas Fuel Injection

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 checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <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 <input checked="" type="checkbox"/> Truck VAN
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 06315000	Part Name(s): FUEL:FUEL INJECTION:UNKNOWN TYPE:REGULATOR	Location: <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures: _____	Date(s) of Failure(s): 01-MAY-2002 Mileage at Failure(s): 74000 Vehicle Speed at Failure(s): _____	Failed Part(s): <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured NONE	Number of Fatalities NONE	Estimated Property Damage NONE	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)**

FUEL PRESSURE REGULATOR IS NOT WORKING PROPERLY. REGULATOR WAS SUPPOSED TO READ AT A VERY LOW NUMBER, BUT WHEN VEHICLE STOPPED WORKING, IT WAS READING AT 90 LBS. CONTACTED DEALER. \*AK REGULATOR SUPPOSED TO REGULATE PRESSURE TO 35 PSI. VEHICLE WAS STILL DRIVEABLE BUT WAS RUNNING VERY RICH DUE TO REGULATOR MALFUNCTION. COULD BE A FIRE HAZARD WITH THAT MUCH FUEL PRESSURE (90 LBS).