



DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire (VOQ)**  
NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4235  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1399	
Date Received <u>31-OCT-2002</u>	Od_or rt_dt od_rt up_jtr
OFFICE DEFECTS INVESTIGATION	Reference No. <u>8022031</u>
	Work Number
Home Number	

**OWNER INFORMATION (Type or Print)**

MEDFORD OR

Do you authorize NHTSA to provide a list of names to the manufacturer of your vehicle?  
In the absence of an authorized signature, you must provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 11/23/02

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) <u>1FTHE25H7MHB33117</u>	Vehicle Make <u>FORD TRUCK</u>	Vehicle Model <u>E250</u>	Vehicle Year <u>1991</u>	Current Odometer Reading <u>145,000</u>	
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>Medford Nissan</u> City <u>Medford</u> State <u>OR</u> Zip Code <u>97501</u>		Engine Size (CID/CC/L) <u>351</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto	
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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <u>van!</u>					

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

Component <u>08118010</u>	Part Name(s) <u>FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH</u>	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) <u>15-AUG-2002</u> Mileage at Failure(s) <u>140000</u> Vehicle Speed at Failure(s) <u>N/A</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 <u>N/A</u>	Number of Fatalities <u>N/A</u>	Estimated Property Damage <u>N/A</u>	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)**

**NHTSA#6238-01-V-146-000 FUEL TANK: THE DUAL TANK SELECTOR VALVE MAY MALFUNCTION AND CAUSE AN OVERFILL CONDITION IN ONE OF THE FUEL TANKS CONSUMER STATES HAS THE SAME PROBLEM. RECALL HAS BEEN ISSUED ON SIMILAR MAKES AND MODELS, HOWEVER THIS VEHICLE IS NOT ICLUDED DUE TO THE VIN. TS**