


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1399	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] MARMORA NJ		Date Received 06-DEC-2002 OFFICE OF EFFECTS INVESTIGATION	Order # Reference No. 8023898
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an answer, we will assume you do not authorize us to provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner [Redacted] Date <u>12/14/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
2FTHF26H9TCA38611	FORD TRUCK	F250	1996
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Current Odometer Reading
	South Shore Ford	351C	106338
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Marmora State NJ Zip Code 08823	No. Cylinders 8	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
03230000	BRAKES:HYDRAULIC:MASTER CYLINDER	<input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	<input checked="" type="checkbox"/> Original Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	05-NOV-2002 Mileage at Failure(s) 106000 Vehicle Speed at Failure(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0	0
Estimated Property Damage		Reported to Police	
?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING THE VEHICLE SMOKE CAME FROM THE GLOVE COMPARTMENT VEHICLE CAUGHT ON FIRE AND FIRE CAME FROM THE MASTER CYLINDER BURNING HORN, CRUISE CONTROL AN OTHERS COMPONENT, CONSUMER ALSO EXPERIENCE PROBLEM WITH THE DUAL FUEL TANK. DEALER HAS BEEN NOTIFY. PLEASE PROVIDE FURTHER INFORMATION. TS			
CONTINUE ON BACK IF NEEDED			
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 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.			

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

① Fuel is pumped into the FET TANK when REAR TANK is in use. This over Flows The FET Tank dumping raw Gas on the ground and under side of truck.

② Truck was parked & Had been sitting for approx. 15 min. When Smoke & Fire started coming out from under HOOD. Cruise Control Module & wires to Anti Lock Brakes had caught on Fire & Melted. Luckily no one was in Vehicle and damage was not Extensive.

Thank you for looking into this for me. If this had happened while driving & the rear tank was in use, this could have become a major accident.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



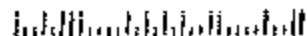
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THE FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/ncive>