

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 119</p> <p>Date Received RECEIVED 03 FEB 17 AM 03-FEB-2000 OFFICE DEFECTS INVESTIGATION</p>		<p>Od. or rt. dt. up. fr. _____ _____</p> <p>Station No. 858119</p>							
<p>OWNER INFORMATION (Type or Print)</p>						<p>Work Number _____</p> <p>Home Number _____</p>							
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>						<p>Signature of Owner _____ Date 02/14/00</p>							
<p align="center">VEHICLE INFORMATION</p>													
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>1FTEF25H1MPA57836</p>		<p>Vehicle Make</p> <p>FORD TRUCK</p>		<p>Vehicle Model</p> <p>F250</p>		<p>Vehicle Year</p> <p>1991</p>		<p>Current Odometer Reading</p> <p>123,250</p>					
<p>Purchase Date _____</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) 351</p> <p>No Cylinders 8</p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>							
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Restraint System</p> <p><input 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</p>		<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>		<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>		<p>Body Style</p> <p><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 _____</p>	
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>													
<p>Component</p> <p>06118010</p>		<p>Part Name(s)</p> <p>FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>							
<p>No of Failures _____</p>		<p>Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>							
<p align="center">APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>													
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured _____</p>		<p>Number of Fatalities _____</p>		<p>Estimated Property Damage _____</p>		<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>													
<p>A MALFUNCTIONING CHECK VALVE WITHIN THE FUEL PUMP IS CAUSING A PORTION OF UNUSED FUEL TO RETURN TO THE SECOND TANK, RESULTING IN A FUEL LEAKAGE. ALSO, RECALL 93V12500D/MANUFACTURER'S RECALL 93S68. HOWEVER, THIS VEHICLE IS NOT INCLUDED DUE TO VIN. PLEASE PROVIDE ANY FURTHER DETAILS. *AK</p>													
<p align="right">CONTINUE ON BACK IF NEEDED</p>													
<p>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.</p>													