Form Approved: O.M.B. No. 2127-0039

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

**DOT Auto Safety Hotline**

# Vehicle Owner's Questionnaire (VOQ)

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

**FOR AGENCY USE ONLY** 255

Date Received: 07-FEB-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 856362

[redacted]

*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.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| | PLYMOUTH | RELIANT | 1986 | |

| Purchase Date | Dealer's Name | Engine Size | |
|---|---|---|---|
| ☐ New ☒ Used | City_____ State_____ Zip Code_____ | (CID/CC/L _____<br>No Cylinders _____ | ☐ Turbo<br>☐ Diesel<br>☐ Gas<br>☐ Fuel Injection |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual<br>☐ Automatic | ☐ Yes<br>☒ No | ☐ 3-Point Belt<br>☐ Driverside Airbag<br>☐ Passengerside Airbag<br>☐ Motorbelt<br>☐ 2-Point Belt | ☐ Yes<br>☒ No | ☐ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car<br>☐ Van<br>☐ Minivan<br>☐ Other_____<br>☐ Sport Ult<br>☐ Truck<br>☐ Motorcycle | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☐ Other_____ |

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

| Component | Par. Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 06110000 | FUEL:FUEL TANK ASSEMBLY | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failures | | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|
| | Date(s) of Failure(s)_____<br>Mileage at Failure(s)_____<br>Vehicle Speed at Failure(s)_____ | ☐ Yes ☐ No | ☐ Yes ☐ 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 | Estimated Property Damage | Reported to Police |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☒ Yes ☐ No | | | | ☐ Yes ☒ No |

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

**WHILE PUMPING FUEL INTO THE TANK THE VEHICLE WAS OFF, CONSUMER STARTED VEHICLE, BEFORE THE FUEL STOPPED PUMPING, TANK IGNITED INTO FLAMES. FIRE WENT OUT ON ITS OWN, AND NO ONE WAS INJURED. T DEALER HAS NOT BEEN CONTACTED. *AK**

CONTINUED ON BACK IF NEEDED

Form Approved O.M.B. No. 2127-0008

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Date Received: 07-FEB-2000
RECEIVED
00 APR 10 AM 10: 52
OFFICE OF DEFECTS INVESTIGATION

Od_cr
rt_dt
cod_itr
sup_itr
Reference No. 856362

## OWNER INFORMATION (Type or Print)

[redacted] 588757

Work Number
Home N [redacted]

*Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.* ☐ YES ☒ NO

Signature of Owner _____ Date __/__/__

## VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| 1P3BP36D0GF161469 | PLYMOUTH | RELIANT 4-DR. | 1986 | 240,000 MI |

Purchase Date: 1994 ☐ New ☒ Used

Dealer's Name: CARS FOR YOU
City: RIVERSIDE State: MO Zip Code: _____

Engine Size (CID/CC/L): 2.2 L
No Cylinders: 4
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual ☒ Automatic | ☐ Yes ☒ No | ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☒ 2-Point Belt ☐ Passengerside Airbag | ☐ Yes ☒ No | ☒ Front ☐ Rear ☐ 4-Wheel | ☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other | ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other |

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

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 06110900 | FUEL:FUEL TANK ASSEMBLY | ☐ Left ☒ Right ☐ Front ☐ Rear | ☐ Original ☒ Replacement |

ONLY FUEL PUMP 1998

| No of Failures | Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s) | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|
| 1 | OCT 1999 / 239,000 MI / 0 | ☐ Yes ☐ No | ☐ Yes ☒ 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 | Estimated Property Damage | Reported to Police |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☒ Yes ☐ No | BY MYSELF NONE | 0 | NONE | ☐ Yes ☒ No |

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

**WHILE PUMPING FUEL INTO THE TANK THE VEHICLE WAS OFF, ~~CONSUMER STARTED VEHICLE, BEFORE THE FUEL STOPPED PUMPING,~~ TANK IGNITED INTO FLAMES. FIRE WENT OUT ON ITS OWN, AND NO ONE WAS INJURED. T DEALER HAS NOT BEEN CONTACTED. *AK**

with the key in OFF position, consumer (me) started pumping gas into gas tank & then proceeded to driver's seat to sit down with gas still pumping & I turned key to ignition position to enable myself to view position of gas gauge pointer. Did not turn motor on. — OVER —

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

**INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)**

| TIRE IDENTIFICATION NO.* | | | | | | | | | | | | | | MANUFACTURER/TIRE NAME | SIZE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D | O | T | | | | | | | | | | | | | |

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I wanted to fill to 3/4 mark only. When pointer almost got to 3/4 full, I turned key off + went to other side of car (Pass. side) wher gas tank opening was located + noticed small fire (½ ft. in diameter) inside gas tank opening (inside tank door) where nozzle was inserted. I pulled nozzle out + set on ground with an inch or so of fire at nozzle's end + fire still burning in gas tank top opening compartment inside door. I shut gas tank door with fire burning inside top door. It finally burnt out after 3-4 minutes. Fire at nozzle's end on ground also burned out after several minutes. Threads on gas Cap slightly melted. Self Serve Conoco station at Burlington + Armour Rd. NMD attendants pay at Pump. 11:30 PM on a Tues night NTL. It was only one at station at time of small fire.

U.S. Department of Transportation

**National Highw Traffic Safety Administration**

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

Official Business
Penalty for Private Use $300

James P. Breitenstein
6612 N. Campbell
Kansas City, MO 64155

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590