

U.S. Department
of TransportationNational 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 333

Date Received

13-MAR-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

858384

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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTDF15Y9NPA48356	FORD TRUCK	F150	1992	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06116010	Part Name(s) FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH	Location ☐ Left ☐ Right ☐ Frnt ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 01-JUN-1993 Mileage at Failure(s) 135000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

A MALFUNCTIONING CHECK VALVE WITHIN THE FUEL PUMP ASSEMBLY CAUSES A PORTION OF THE UNUSED FUEL FROM ONE TANK TO BE RETURNED TO THE SECOND TANK. WHEN THIS OCCURS, THE FRONT FILLER CAP STARTS LEAKING FUEL. CONTACTED DEALER AND MANUFACTURER. *AK

CONTINUED ON BACK (REVERSE)

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 333 RECEIVED Date Received: 10 MAR 2000 13 MAR 2000 OFFICE OF DEFECTS INVESTIGATION Reference No. 858384 Work Number: [REDACTED] Home Number: [REDACTED]	
OWNER INFORMATION (Type or Print)			
[REDACTED]		596071	
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: [REDACTED]		Date: 03/21/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1FTDF15Y9NPA48356		Vehicle Make FORD TRUCK	Vehicle Model F150
		Vehicle Year 1992	Current Odometer Reading 167,000
Purchase Date Aug 1996 ☐ New ☒ Used	Dealer's Name: _____ City: _____ State: _____ Zip Code: _____		Engine Size (CID/CC/L) 4.7 L ☐ Turbo Diesel Gas No Cylinders 6 ☒ Fuel Injection
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
		Drive Train ☐ Front ☒ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☐ Sport UT ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08116010	Part Name(s) FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH		Location ☐ Left ☐ Right ☒ Front ☐ Rear
		Failed Part(s) ☒ Original ☐ Replacement	
No of Failures continues	Date(s) of Failure(s) 21 JUN 1998 Mileage at Failure(s) 100000 - 110,000 Vehicle Speed at Failure(s) _____		Failed Part(s) Available? ☒ Yes ☐ No
		NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured _____	Number of Fatalities _____
		Estimated Property Damage _____	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
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CONTINUE ON BACK IF NEEDED			
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