

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 118

Date Received

05-JUL-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

864773

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.) <small>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FDEE14H2RHB47234	FORD TRUCK	ECONOLINE	1994	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inert Inert <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input 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	Sport Utility Truck Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06112000 06115000	FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK FUEL:FUEL TANK ASSEMBLY:ATTACHMENTS	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   No
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## 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	Number of Fatalities	Estimated Property Damage	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)

WHEN FUEL TANK WAS HALF FULL OR ABOVE HALF, OWNER WOULD SMELL GAS FUMES OFF AND ON. TRUCK WAS TAKEN TO DEALERSHIP. AT THIS TIME THE FILLER TUBE AND THE FUEL TANK ATTACHING STRAPS. STRAPS WERE RUSTED. ALL REPAIRS WERE MADE AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK

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 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		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		OFFICE INVESTIGATION Reference No. 864773	
Signature of Owner _____		Date <u>7/1/00</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1FDEE14H2RHB47234	FORD TRUCK	ECONOLINE	1994
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
12-29-94	MIKE CASTRUCCI FORD	5.8	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>MILFORD</u> State <u>OHIO</u> Zip Code <u>45150</u>	No Cylinders <u>8</u>	
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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<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 checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
			Body Style
			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>VAN</u>
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
06112000 06116000	FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK FUEL:FUEL TANK ASSEMBLY:ATTACHMENTS	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	<u>6/2/80</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Estimated Property Damage	Reported to Police
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN FUEL TANK WAS HALF FULL OR ABOVE HALF, OWNER WOULD SMELL GAS FUMES OFF AND ON. TRUCK WAS TAKEN TO DEALERSHIP. AT THIS TIME THE FILLER TUBE AND THE FUEL TANK ATTACHING STRAPS. STRAPS WERE RUSTED. ALL REPAIRS WERE MADE AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK VAN WAS UNDER COATED AT DEALER WHEN PURCHASED 7/18/80 I DONT SMELL GAS FUMES ANYMORE PROBLEM MUST BE FIXED, GAS FUMES HAS BEN A PROBLEM FOR A NUMBER OF YEARS. I NOTICED STRONGER FUMES WHEN I TURN INTO MY DRIVEWAY IT HAS A HIGH CURB, RECENTLY MY CATALIC CONVERTER COVER FELL DOWN AND WAS DRAGING THE ROADWAY.			
CONTINUE ON BACK IF NEEDED			
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# MIKE CASTRUCCI FORD SALES, Inc.

1020 STATE ROUTE 28 • MILFORD, OH 45150 • SALES (513) 831-7010 • SERVICE DIRECT (513) 248-1402



CUSTOMER NO 8334	ADVISOR WILLIAM D. LYONS 61333	TAG NO W598	INVOICE DATE 03/09/00	INVOICE NO. FOCS100652
MILEAGE 61260		COLOR RED/GRAY/CL	STOCK NO.	
YEAR / MAKE / MODEL 94/FORD HD TRUCK/ECONOLINE/E150 VAN		DELIVERY DATE 12/28/94	DELIVERY MILES	
VEHICLE I.D. NO. 1FDEE14H2RH B 4 7 2 3 4		SELLING DEALER NO. CASTRUCCI	PRODUCTION DATE 04/01/94	
T. E. NO.		R. O. DATE 03/07/00		
COMMENTS				

LABOR & PARTS  
 JOB # 1 15FOZ FUEL SYSTEM UNITS: 3.00 TECH(S): 61539 195.00  
 CUSTOMER STATES CHECK FOR A FUEL LEAK CAN SMELL IN REAR OF VAN BY TANK.  
 REPLACED FILLER PIPE AND STRAPS.

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
JOB # 1	2	F7UZ-9054-AA	STRP ASY-FU/TN	33.83	33.83	67.66
JOB # 1	1	F4UZ-9034-C	PIP ASY-FU/TNK	105.50	105.50	105.50
				JOB # 1 TOTAL PARTS		173.16
				JOB # 1 TOTAL LABOR & PARTS		368.16

**LIMITED WARRANTY:** The only warranties applying to this item(s) are those which may be offered by the manufacturer. The selling dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item(s) and/or service. Buyer shall not be entitled to recover from the selling dealer any consequential damages, damages to property, damages for loss of use, loss of time, loss of profit, or income, or any other incidental damages.

ESTIMATE  
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$370.00 (+TAX)

TOTALS  
 CASH [ ] CHECK [ ] CHARGE [ ]

AMEX [ ] VISA/MASTERCARD [ ]

DISCOVER [ ]

\* IN THE NEAR FUTURE YOU WILL RECEIVE A SURVEY FROM \*  
 \* FORD MOTOR CO. IF YOU CAN NOT GIVE OUR DEALERSHIP \*  
 \* A SCORE OF ---COMPLETELY SATISFIED--- PLEASE NOTIFY \*  
 \* ME IN ADVANCE OF RETURNING THIS VERY IMPORTANT \*  
 \* SURVEY. \*  
 \* THANK YOU. JOE SPAM SERVICE MANAGER \*  
 \* \*\*\*\*\* \*

TOTAL LABOR 195.00  
 TOTAL PARTS 173.16  
 TOTAL SUBLET 0.00  
 TOTAL G.O.G. 0.00  
 TOTAL MISC CHG. 0.00  
 TOTAL MISC DISC 0.00  
 TOTAL TAX 22.09

TOTAL

39-00 *[Signature]*

CUSTOMER SIGNATURE

Be