

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

558

Date Received

14-AUG-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

867770

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
2FTEF15NXTCA09431	FORD TRUCK	F150	1996	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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

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

Component	Part Name(s)	Location	Failed Part(s)
06115000	FUEL:FUEL TANK ASSEMBLY:ATTACHMENTS	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <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?	NHTSA Previously Contacted?
	03-JUL-2000	33647		<input type="checkbox"/> Yes <input 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	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

FUEL LEAKS FROM THE FUEL TANK. WHEN VEHICLE IS PARKED OR IN MOTION FUEL RUNS OUT OF THE TRUCK FROM THE OPENING OF GAS TANK. WHEN GAS CAP IS TAKEN OFF FUEL STARTS TO SQUIRT OUT DUE TO PRESSURE. DEALER ADVISED CONSUMER THAT DEFECT WAS DUE TO CHECK VALVE BEING FAULTY AND BUILT PRESSURE INSIDE TANK. DEALER HAD ORDERED CHECK VALVE FROM MANUFACTURER FOR THE FRONT AND BACK PUMP. BOTH PUMPS WERE STILL DEFECTIVE. DEALER WENT TO A THIRD COMPANY FOR OPERATIVE PART. \*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

U.S. Department of Transportation

**Vehicle Owner's Questionnaire (VOQ)**

National Highway Traffic Safety Administration

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

FOR AGENCY USE ONLY 558

Date Reported

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

00 SEP 14 PM 12 19  
14-AUG-2000 19  
OFFICE OF DEFECTS INVESTIGATION

Reference No.

867770

OWNER INFORMATION (Type or Print)

626758

Work Number

Home Number

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

*[Signature]*

Date 9/4/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2FTEF15NXTCA09431	FORD TRUCK	F150	1996	54,200

Purchase Date 3-97	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
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders 8	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No error	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No error	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <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
-------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08115000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:ATTACHMENTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
-----------------------	-----------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------

No. of Failures	Date(s) of Failure(s) 03-JULI-2000 Mileage at Failure(s) 53647 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	---------------------------	-------------------------------------------------------------------------------------------

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

FUEL LEAKS FROM THE FUEL TANK. WHEN VEHICLE IS PARKED OR IN MOTION FUEL RUNS OUT OF THE TRUCK FROM THE OPENING OF GAS TANK. WHEN GAS CAP IS TAKEN OFF FUEL STARTS TO SQUIRT OUT DUE TO PRESSURE. DEALER ADVISED CONSUMER THAT DEFECT WAS DUE TO CHECK VALVE BEING FAULTY AND BUILT PRESSURE INSIDE TANK. DEALER HAD ORDERED CHECK VALVE FROM MANUFACTURER FOR THE FRONT AND BACK PUMP. BOTH PUMPS WERE STILL DEFECTIVE. DEALER WENT TO A THIRD COMPANY FOR OPERATIVE PART. \*AK

over

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.



# Johnsen's

Automotive Repair

Expert Computer Diagnostics & Drivability

1924 Limbus Ave. E. (941) 755-0505  
Sarasota, FL 34243 MV 27161

4654

Name: [Redacted]  
Address: [Redacted]  
City: [Redacted]  
Date: 7/27/00 Promised: [Redacted] Phone: 371-6767  
Second Person Who May Authorize Repairs: [Redacted] Phone: [Redacted]

QTY	PARTS CODE	DESCRIPTION	CD	ESTIMATED AMOUNT	ACTUAL AMOUNT
1		Throttle Body Cleaner		1050	
1	P74108	Fuel pump		251.68	
1	P74107	Fuel pump		251.68	

**PAID**  
1569

(NOTE) FORD/ALEXKANS  
SAID NO RECALL OR WARRANTY  
ON PROBLEM KEEP IN MIND  
HAVE RECALL? I BELIEVE  
PROBLEM TO BE PER DESIGN  
NO INFO ON OLD AIR DATA EITHER  
two new pumps also leaked  
Sunder the different manufacture  
Problem gone!

Vehicle ID Number: 2FTEF15NXTCA09431  
Vehicle Year-Make-Model: 96 F150  
License No./State: FL DW 153647  
Mileage: [Redacted]  
Engine Type: V-8 5.0  
Cash  Charge  Deposit   
Check  Credit Card  \$  
Save Replacement Parts:  Yes  No Flat Rate  Hry  Hrs

DESCRIPTION OF WORK	ESTIMATED AMOUNT	ACTUAL AMOUNT
CHECK STALLING SOMETIMES		
CHECK FUEL RUNNING OUT OF FRONT TANK WHEN FULL & ON REAR TANK - CK PUMP CK DIAGN & DIAGRAM OPERATED RETURN LINE REMOVE TANK REPLACE FUEL PUMP MODULE ASSEMBLY REINSTALL TANK		145.00
Re-test / Replace Rear Tank unit		
Check Throttle Body & IAC FOR COOKING CLEAN IAC CK MIN AIR RATE & Clean throttle BODY Re-test - Fuel Stalling		5363

Diagnostic Charge \$ 65.00  
Duty Storage \$  
Estimated Cost Of Repair Work  
Total Labor 99.08  
Total Parts 513.86  
Total Subject

Date: [Redacted] Time: [Redacted] Received By: [Redacted]  
GUARANTEE ON WORK: PARTS  YES  NO LABOR  YES  NO  
MILES: 90000 TIME

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS, THERETO. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT OR ANY OTHER CAUSE BEYOND YOUR CONTROL.

TOTAL 755.72

AUTHORIZED BY: [Redacted]  
RECEIVED BY: [Redacted]  
DATE: [Redacted]  
PAY THIS AMOUNT ↑

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

I UNDERSTAND THAT UNDER STATE LAW I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$100.

I REQUEST A WRITTEN ESTIMATE.

I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COST DOES NOT EXCEED \$ [Redacted] THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNATURE: [Redacted] DATE: [Redacted]

