

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 436

Date Received

15-NOV-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

875008

 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>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FDKF38G2LNB01599	FORD TRUCK	F350	1990	

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

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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<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 06113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 25-OCT-2000 Mileage at Failure(s) 60900 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

CONSUMER WAS TRAVELING 60MPH & VEHICLE STALLED. FUEL TANK SPILLED GAS ALL OVER HIGHWAY. WHEN VEHICLE WAS BEING TOWED TO FORD DEALER FUEL TANK FELL OFF. SHIELD THAT GUARDS THE TANK DROPPED & GAS LINES WERE DISCONNECTED. *AK

CONTINUED ON BACK PLEASE

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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 438</p> <p>Date Received 15-NOV-2000</p> <p>Reference # 875008</p> <p>Work Num Home Num</p>
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p style="text-align: right;">655715</p>	

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

Signature of Owner _____ Date 12/16/00

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1FDKF38G2LNB01599	Vehicle Make FORD TRUCK	Vehicle Model F350	Vehicle Year 1990	Current Odometer Reading 61,000	
Purchase Date 9-90	Dealer's Name <u>Sam Seism Ford</u>		Engine Size (CID/CC/L) 460	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>FLAT RIVER</u> State <u>MO.</u> Zip Code _____		No Cylinders 8		
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <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	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <i>CLASSIC CAB</i>					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08500000 05113000	Part Name(s) ELECTRICAL SYSTEM:IGNITION FUEL:FUEL TANK ASSEMBLY:TANK	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>25-OCT-2000</u> Mileage at Failure(s) <u>60900</u> Vehicle Speed at Failure(s) <u>60mph</u>	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					
<small>(Please describe in detail the incident(s), Failure(s) Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

CONSUMER WAS TRAVELING 60MPH & VEHICLE STALLED. *FUEL TANK SPILLED GAS ALL OVER HIGHWAY, WHEN VEHICLE WAS BEING TOWED TO FORD DEALER FUEL TANK FELL OFF. SHIELD THAT GUARDS THE TANK DROPPED & GAS LINES WERE DISCONNECTED. *AK

** REAR FUEL TANK FELL OFF WHEN BEING TOWED IN + SPILLED FUEL FROM BOTH TANKS ONTO HIGHWAY. TORE GAS LINES OFF & TORE A HOLE IN BRAKE LINE - ALTERNATE*

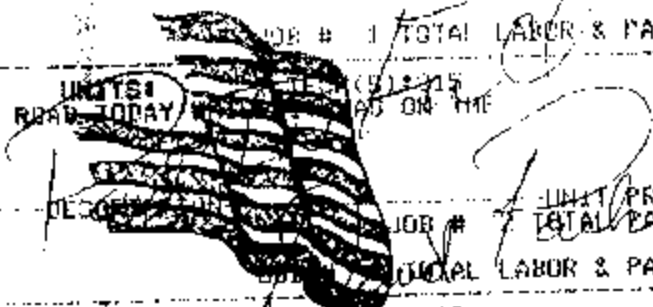
CONTINUE ON BACK IF NEEDED

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<small>REPAIRS OF SERVICE CONTRACT VEHICLES MUST BE PERFORMED AT THE DEALER'S FACILITY OR AT AN APPROVED LOCATION WITH THE APPROVAL OF THE SALES REPRESENTATIVE. THE SALES REPRESENTATIVE MUST BE ADVISED OF ANY REPAIRS TO BE MADE AND MUST SIGN THE ORDER FROM THE DATE OF REPAIR WORK ON THE SERVICE ORDER. THE SALES REPRESENTATIVE MUST SIGN THE ORDER FROM THE DATE OF REPAIR WORK ON THE SERVICE ORDER.</small>		PARTS LABOR	INVOICE NO. 100310
CUSTOMER NO. 23998	ADVISOR THOMAS STEVE SAMU 049	TAG NO. 60906	INVOICE DATE 11/07/00
	LABOR RATE 30.00	LICENSE NO. 60906	COLOR DELIVERY DATE
	YEAR/MAKE/MODEL 90/FORD TRUCK		DELIVERY MILES SELLING DEALER NO.
	VEHICLE ID NO. 1FDKF32B2LNB01597		PRODUCTION DATE REP/INTX
	F.T.E. NO.	P.O. NO.	R.O. DATE 10/25/00
COMMENTS			P & A CODE: 0571

LABOR & PARTS
 JW 1 01FOZ
 01FOZGENERAL UNITS: 16.00 TECH(S):015
 CUST SAID TRUCK DIED GOING DOWN THE ROAD WHEN SHE TRIED TO SWAP TO THE REAR TANK
 REPAIR REAR FUEL LINES--REPLACE REAR FILL HOSE--REPLACE REAR TANK STRAPS, AND SHIELD--REPLACE REAR PUMP--REMOVE FRONT TANK TO REPAIR BRAKE LINE--BLEED BRAKES AND ADJUST--REINSTALL TANK AS NEEDED.

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	F0TZ-9002-C	TNK ASY-AUX FU	304.30	304.30
JOB # 1	2	D3TZ-9092-B	STRAP ASY-FU/T	19.25	38.50
JOB # 1	1	F5TZ-9A147-G	PLATE FU/TNK S	114.33	114.33
JOB # 1	1	F4TZ-9A407-S	PUMP & BRACKET	374.17	374.17
JOB # 1	1	E8UZ-9B593-A		40.28	40.28
JOB # 1	1	E7TZ-9047-E	TUB ASY-FU/TNK	62.02	62.02
JOB # 1	1	813-1204	LINE	3.17	3.17
JOB # 1	1	302-3	FITTING	1.21	1.21
JOB # 1	1	C6AZ-17542-AB	BRAKE & HYD CL	3.61	3.61
JOB # 1	1	-N806177-S190	ELBOW ASSY-9.5	4.52	4.52
JOB # 1	1	-N806186-S190	ELBOW ASSY 7.9	4.81	4.81
JOB # 1	1	-N806190-S190	RETAINER-2.50	1.14	1.14
JOB # 1	1	-N806191-S190	RETAINER 2.94	1.14	1.14
JOB # 1	1	C9AZ-8287-8	CLAMP ASY-RAD	1.26	1.26
				JOB # 1 TOTAL PARTS	9.26
				JOB # 1 TOTAL LABOR & PARTS	167.26



JW 2 01FOZGENERAL GENERAL UNITS: 16.00 TECH(S):015
 TRUCK DIED GOING DOWN THE ROAD TODAY
 FRONT TANK
 REFER TO JOB #1

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	TOTAL PARTS
				JOB # 2 TOTAL PARTS	0.00
				JOB # 2 TOTAL LABOR & PARTS	0.00

JW 3 02FOZ UNITS: 16.00 TECH(S):015
 WHILE GOING DOWN THE ROAD ONE OF THE GAS TANKS FELL OUT,
 WHEN THIS HAPPENED, THE BRAKES QUIT WORKING.
 REFER TO JOB #1

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	TOTAL PARTS
				JOB # 3 TOTAL PARTS	0.00
				JOB # 3 TOTAL LABOR & PARTS	0.00

JW 4 03FOZGENERAL 02FOZGENERAL UNITS: 16.00 TECH(S):015
 TRUCK WOULDN'T SWAP TANKS AND RUN
 REFER TO JOB #1

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	TOTAL PARTS
				JOB # 4 TOTAL PARTS	0.00
				JOB # 4 TOTAL LABOR & PARTS	0.00

G.O.G. & SUPPLIES					
JOB # 1	1.0	GAS	@ 11.240 /UNIT	TOTAL GOG	11.24

THANK YOU!