



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 798

Date Received

31-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_lfr _____

Reference No.

879449

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTHX26F2YEC36326	FORD TRUCK	F250	1997	

Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
--	---	--	--	--	--	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06416040	Part Name(s) FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <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? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	01-JAN-2001 52		

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 TANK SELECTOR VALVE NEEDED TO BE CHANGED BECAUSE WHILE DRIVING AT ABOUT 35 MPH VEHICLE STALLED UNDERNEATH A RAILROAD TRACK. CONTACTED DEALER, AND DEALER COULD NOT DO ANYTHING FOR HIM. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-502) 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 798	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received FEB 20 PM 12:30 31 JAN 2001 SAFETY INVESTIGATION	Od. or rt. dt _____ od. rt _____ up. ltr _____ Reference No. 879448
[REDACTED] 651819		Work Number [REDACTED]	Home Number SAME
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.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE Do
Signature of [REDACTED]		Date 2/14/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1FTHX26F2VEC36326	FORD TRUCK	F250	1997
Purchase Date SEPT 97	Dealer's Name JIM MANNING FORD		Engine Size (CID/CC/L) 444
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City GLADWIN	State MI	No. Cylinders 8
Transmission Type <input checked="" 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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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	Sport Util Truck <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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06116910	Part Name(s) FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH	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 type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) JAN 2001 SEPT 25 2000 Mileage at Failure(s) 53,064 MI. Vehicle Speed at Failure(s) 35 MPH	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured NONE	Number of Fatalities NONE
Estimated Property Damage NONE		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>FUEL TANK SELECTOR VALVE NEEDED TO BE CHANGED BECAUSE WHILE DRIVING AT ABOUT 35 MPH VEHICLE STALLED UNDERNEATH A RAILROAD TRACK CONTACTED DEALER, AND DEALER WOULD COULD NOT DO ANYTHING FOR HIM! *AK THIS SWITCH WAS REPLACED BY GENTRY FORD IN ONTARIO, OREGON AFTER QUITTING IN HEAVY TRAFFIC AND HAD TO BE TOWED IN, REPAIRS COST \$360.08, I FEEL MY DEALER SHOULD HAVE STOOD GOOD FOR SAME, AND FAILURE OF THIS PART SHOULD BE CONSIDERED SAFTY RELATED BECAUSE HAD I BEEN BROKE DOWN ON THE RAILROAD TRACKS THE OUT COME COULD HAVE BEEN MUCH DIFFERENT!!</p>			
CONTINUE ON BACK IF NEEDED			
<p>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>			

* IN MICHIGAN, BOUGHT NEW FROM MANNING FORD IN GLADWIN, MI. THERE HAD BEEN A RECALL ON SELECTOR SWITCH VALVE, BUT I NEVER RECEIVED ONE. MY DEALER WOULD NOT COVER COST OF REPAIRS

GENTRY FORD LINCOLN-MERCURY • SUBARU

P.O. BOX 598 • 1802 S.W. 4th AVE.
ONTARIO, OR 97914
(541) 889-9894 • 1-800-767-4510



CUSTOMER NO. 35311	ADVISOR STEVEN JOINER 403	TAG NO. 52064	INVOICE DATE 08/25/00	INVOICE NO. FOCS43347
	LABOR RATE	LICENSE NO. 52064	COLOR BLACK/RED	STOCK NO.
	YEAR-MAKE-MODEL 97/FORD TRUCK/F250/REGULAR CAB 4WD	MILEAGE 52064	DELIVERY DATE	DELIVERY MILES
	VEHICLE ID NO. 1FTHX28F2VEC38326		DEALING DEALER NO.	PRODUCTION DATE 08/01/97
	F.T.E. NO.	F.O. NO.	R.C. DATE 08/23/00	
BUSINESS PHONE	COMMENTS			

LABOR & PARTS
JOB # 1 IPOZ

ENGINE MINOR TECH(S):BLDD 203.00
CUSTOMER WAS DRIVING TRUCK DIED PUT NEW FUEL FILTER
CRANKED BUT DID NOT START. FOUND NO FUEL IN LINES. TRACED
TO FUEL SELECTOR VALVE STUCK BETWEEN FRONT/REAR POSITION
LOWERED FUEL TANK TO REPLACE VALVE. PRIMED FUEL SYSTEM TO
START VEHICLE. SENDERS READ FULL TANKS OF FUEL.

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	F4TZ-9189-A	VLV & S 177663	139.79	139.79
JOB # 1	3	N806190-S1901	RETAIN 432980	1.19	3.57
JOB # 1	3	N806191-S1901	RETAIN 432981	1.19	3.57
JOB # 1 TOTAL PARTS					146.93
JOB # 1 TOTAL LABOR & PARTS					349.93

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # A	A1	SHOP SUPPLIES/ENVIRONMENTAL WASTE		10.15
TOTAL - MISC				10.15

TOTALS

TOTAL LABOR	203.00
TOTAL PARTS	146.93
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG.	10.15
TOTAL MISC-DISC	0.00
TOTAL TAX	2.00
TOTAL INVOICE \$	360.08

SEE BACK FOR ADDITIONAL CUSTOMER INFORMATION REGARDING REPAIRS

DISCLAIMER OF WARRANTIES
Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

TERMS: STRICTLY CASH
UNLESS ARRANGEMENTS MADE
I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on below vehicle to secure the amount of repairs thereto.

PARTS AND SERVICE ARE NOW OPEN ON SATURDAYS 9AM TO 4PM

CUSTOMER SIGNATURE: *Steve Joiner*

Call 1-800-392-3673
North Highway Traffic Safety Advice
1-800-424-9393
D.O.T. Safety Hot Line

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED

X _____

SIGNED: OWNER OR GENERAL MANAGER OF AUTHORIZED PERSON DATE:



J. P. King
 Manager
 Parts and Service Engineering
 Ford Customer Service Division

Ford Motor Company
 Fairlane Office Centre
 4 Parklane Boulevard
 Suite 200
 Dearborn, MI 48126

***** CAR-RT SORT ** CR28
 3043 006

July, 1993

TL KIRK
 2630 FAIRWAY DR AP D
 LAS CRUCES, NM 88001

Uncompleted Recall(s)

Ford Motor Company is once again contacting you about recall(s) that are still not completed on your 1989 F-150 Ford Truck.

Serial Number: 1FTEX1SH3KKB66803

Recall Number and Description: 91839 - Fuel Tank Selector Valve Assembly Replacement

What You Should Do: Please return your F-150 Ford Truck to your Ford dealer for repair. This will be done free of charge.

Service Assistance: If you cannot get the recall service performed, please contact the Ford Customer Service Division District Office whose address is shown in your vehicle's Owner Guide. Your Ford dealer can also give you the address.

We regret any inconvenience you may have, but we want you to have the service performed without delay. We value you as a loyal Ford customer, and we want you to have the continued satisfaction you are entitled to expect from your F-150 Ford Truck.

REMEMBER - THERE IS NO CHARGE FOR HAVING THE CORRECTION(S) MADE.

Thank you.

J. P. King

*Recall my
 son-in-law received
 I did not receive
 one for my pick-up*



Snake River Towing, LLC

1287 N.W. 20th Ave. - P.O. Box 716
 Ontario, OR 97914
 (541) 881-1532 - (800) 809-3238



*Cost for trailer
 -towing
 connected to my
 Pick-up
 \$35.00*

DATE	TIME	A.M. P.M.	REQUESTED BY	P.O. NO.
[REDACTED]				2047
[REDACTED]				628
W. IDAHO + N. OREGON				
YEAR	MAKE	MODEL	COLOR	DRIVER
97	TRAILER		GRN	O.L. WILSON
STATE	LIC. PLATE NO.	VEHICLE ID. NO.	REGISTER OWNER	
MI	LC0725		O.L. WILSON	
MILEAGE		SERVICE TIME		EXTRA PERSON
Finish		Finish		Finish
Start		Start		Start
Total		Total		Total
REASON FOR TOW			SPECIAL EQUIPMENT	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> ARREST <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> TOW ZONE <input type="checkbox"/> SNOW REMOVAL			<input type="checkbox"/> SINGLE LINE WINCHING <input type="checkbox"/> DUAL LINE WINCHING <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> CHAIN BLOCKS <input type="checkbox"/> DOLLY	
<input type="checkbox"/> ABANDONED <input type="checkbox"/> STOLEN CAR <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> LOCK OUT <input type="checkbox"/> START			<input type="checkbox"/> FLAT TIRE <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> IMPOUNDED	
TYPE OF TOW		TOW PER ORDER OF		VEHICLE TOWED TO
<input type="checkbox"/> SLING / HOIST TOW <input type="checkbox"/> FLAT BED / RAMP <input type="checkbox"/> WHEEL LIFT		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER <input type="checkbox"/> DEALER		FIRST TOW
STORAGE FROM				SECOND TOW
TO				DATE
PAID BY				TOWING CHARGE
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA EXP. DATE				35.00
DRIVERS LIC. NO.				MILEAGE CHARGE
CC NO.				EXTRA PERSON
OPERATORS SIGNATURE				SPECIAL EQUIPMENT
DATE				LABOR CHARGE
TRUCK				STORAGE
DATE				
AUTHORIZED SIGNATURE				SUBTOTAL
DATE				
[REDACTED]				TAX
[REDACTED]				TOTAL 35.00

INVOICE #
3181

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control

Thank You

Printed By McELROY PRINTING, INC. Seaside City, Oregon