



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 §20

Date Received

14-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

883013

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
FILL IN	DODGE TRUCK	DODGE TRUCK	1989			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input 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 Bel <input type="checkbox"/> Passengerside Airbag	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"/> 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08113000	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
No of Failure	Date(s) of Failure(s) 01-JUL-2000 78000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <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 Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FUEL TANK WAS MANUFACTURED WITH PARTS OTHER THAN METAL WHICH ARE CAPABLE OF BEING PUNCTURED BY OBJECTS ON ROAD. FUEL TANK WAS PUNCTURED BY A FOREIGN OBJECT WHILE DRIVING AND LEAKED FUEL. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

CONTINUE ON 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
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

Date Received: **14-MAR-2001**
 Reference No. **883013**
 Work Number: **680113**
 Home: **[REDACTED]**

FOR AGENCY USE ONLY 920

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: **2/21/01**

Vehicle Information

Vehicle Identification No. (VIN) **[REDACTED]**
 Vehicle Make **DODGE TRUCK**
 Vehicle Model **DODGE TRUCK**
 Vehicle Year **1989**
 Current Odometer Reading **80005**

Purchase Date **10-21-1998**
 Dealer's Name **Dave**
 City **[REDACTED]** State **[REDACTED]** Zip Code **[REDACTED]**
 Engine Size **5.2L** (CID:CCIL)
 No Cylinders **8**
 Fuel Injection Gas Diesel Turbo

Transmission Type Automatic Manual
 Antilock Brakes Yes No
 Restraint System
 3-Point Belt Driver Side Airbag Passenger Side Airbag
 Motor Belt 2-Point Belt
 Cruise Control Yes No
 Drive Train
 Front Rear 4-Wheel
 Vehicle Type
 Car Van Minivan Other
 Sport UTV Truck Motorcycle
 Body Style
 2-Door 4-Door Stationwagon Pick Up Truck Other

Failed Component(s)/Part(s) Information

Component **08113000**
 Part Name(s) **FUEL TANK ASSEMBLY:TANK**
 Location Front Left Right Rear
 Failed Part(s) Original Replacement

No of Failures

Date(s) of Failure(s) **01-JUL-2000**
 Mileage at Failure(s) **78000**
 Vehicle Speed at Failure(s) **65 MPH**
 Failed Part(s) Yes No
 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 **None**
 Number of Failures **None**
 Estimated Property Damage **N/A**
 Reported to Police Yes No

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

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CONTINUE ON BACK IF NEEDED