



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 231

Date Received

04-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

887494

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) (Locate at bottom of windshield and door frame)		Vehicle Make FORD TRUCK	Vehicle Model E150	Vehicle Year 1992	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08112000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE VEHICLE IS PARKED ON HILL GAS WOULD LEAK OUT OF FUEL FILLER. PLEASE PROVIDE FURTHER INFORMATION.*AK

COPIES OF REPORTS - FREE -

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 Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 231 Date Received: <u>04-MAY-2001</u> Reference No. <u>887494</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 00240			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorized signature, your name and address to the vehicle manufacturer. Signature of Owner _____ Date <u>5/10/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1FMEB11NXXNHA 28206</u>		Vehicle Make FORD TRUCK	Vehicle Model E150
Vehicle Year 1992		Current Odometer Reading 117,253	
Purchase Date _____ ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) <u>5.0</u> No Cylinders <u>8</u> ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☒ No
Drive Train ☐ Front ☒ Rear ☐ 4-Wheel		Vehicle Type ☐ Car ☐ Sport UT ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other <u>VAN</u>			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06112000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK <u>Leaks at top of pipe inlet</u>	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures <u>on steep hills</u>	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
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	Number of Persons Injured ☐ Yes ☒ No	Number of Fatalities ☐ Yes ☒ No	Estimated Property Damage ☐ Yes ☒ No
Reported to Police ☐ Yes ☒ No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE VEHICLE IS PARKED ON HILL GAS WOULD LEAK OUT OF FUEL FILLER. PLEASE PROVIDE FURTHER INFORMATION.*AK			
CONTINUE ON BACK IF NEEDED			
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