



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 920

Date Received

07-MAY-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

887555

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make  | Vehicle Model   | Vehicle Year  | Current Odometer Reading   |  |   |
| 4M2DV11W4SDJ55295  | MERCURY TRUCK   | VILLAGER  | 1995  |  |  |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |  |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                                   |  |  |  |
|-----------------------------------|--|--|--|
| Component<br>06300000<br>06112000 | Part Name(s)<br>FUEL:FUEL INJECTION SYSTEM<br>FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure                     | Date(s) of Failure(s) 12-MAY-2000<br>76000<br>Mileage at Failure(s) _____              | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|--------------------------|---|

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

FUEL TANK WAS LEAKING. FUEL. THERE WAS AN O-RING THAT WAS CAUSING THIS LEAK. ALSO THERE WAS FUEL TANK FILLER HOSE RECALL ON VEHICLE. BUT CONSUMER WAS INFORMED BY MANUFACTURER THAT LEAK WAS THE RESULT OF 2 SEPARATE DEFECTS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*AK

GOVERNMENT USE ONLY

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>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>   | <p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p> | <p><b>FOR AGENCY USE ONLY 920</b></p> |   |
|   | <p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 690482</p>  | <p>Date Received<br/>07-MAY-2001</p>  | <p>Od. of _____<br/>n. of _____<br/>od. ft _____<br/>up ltr _____</p> |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br/>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> |  | <p>Work Num [Redacted]</p>            | <p>Home Num [Redacted]</p>  |

Signature of Owner [Redacted] Date 5/22/01

| VEHICLE INFORMATION  |   |  |  |   |   |   |                              |  |
|--|---|--|--|---|---|---|------------------------------|--|
| Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small><br><b>4M2DV11W4SDJ55295</b> | Vehicle Make<br><b>MERCURY TRUC</b>   | Vehicle Model<br><b>VILLAGER</b>   | Vehicle Year<br><b>1995</b>  | Current Odometer Reading<br><b>76,000</b>   |   |   |                              |  |
| Purchase Date  | Dealer's Name <u>Dean Stallings Ford</u>  |  | Engine Size (CID/CC/L)   | No. Cylinders <u>6</u>  | <input type="checkbox"/> Turbo  | <input type="checkbox"/> Diesel   | <input type="checkbox"/> Gas | <input checked="" type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used  | City <u>Oakridge</u> State <u>Tn</u> Zip Code _____                                       |  |  |   |   |   |                              |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Drivers de Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Spor. Ult<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other <u>Van</u> |                              |  |

| FAILED COMPONENT(S)/PART(S) INFORMATION         |  |   |  |
|---|--|---|--|
| Component<br><b>08300000</b><br><b>06112000</b> | Part Name(s)<br><b>FUEL:FUEL INJECTION SYSTEM</b><br><b>FUEL:FUEL TANK ASSEMBLY:PIPE:FILLER:NECK</b>   | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear<br><u>Rear Center</u> | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures                                  | Date(s) of Failure(s) <u>12-MAY-2000</u><br>Mileage at Failure(s) <u>76000 56,000</u><br>Vehicle Speed at Failure(s) <u>0 mph - upon refueling</u> | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><b>0</b> | Number of Fatalities<br><b>0</b> | Estimated Property Damage<br><b>\$</b> | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  |
|--|
| <p>FUEL TANK WAS LEAKING. FUEL. THERE WAS AN O-RING THAT WAS CAUSING THIS LEAK. ALSO THERE WAS FUEL TANK FILLER HOSE RECALL ON VEHICLE. BUT CONSUMER WAS INFORMED BY MANUFACTURER THAT LEAK WAS THE RESULT OF 2 SEPARATE DEFECTS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK</p> <p><i>Enclosed is the bill for the O-ring replacement.</i></p> |

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. \*

DOT

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

One year ago, I went to the gas station to fill up my gas tank and noticed gasoline gushing out from underneath the car near the middle. I stopped fueling. There happened to be a fire truck at the pump due to some 911 call and one of the firemen took me aside & told me it was dangerous to start my vehicle after spilling nearly 5 gallons of gas underneath the vehicle. They pushed my car out of the way (about 50ft.) and tried to drain off some of the gas so I could start it without any danger of sparks igniting the car. After a period of time (drain out time) I started my car. It did not explode but they said to drive slowly going home and to not spark any gas on outside or underneath car. I called it in to the Ford/Mercury Co and reported it. They said my local dealership would have to handle the problem. I called them & said to bring it in to be repaired & pay the bill. I did so. After I received a recall a year later on the fuel filler pipe I thought there might be a combination of problems going on. It ended up being a disconnected O-ring to the gas tank.

U.S. G.P.O. 1982-522-887/8005

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Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
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Washington, DC 20590



THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 3)

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