



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 284**

Date Received

09-AUG-2001

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

Reference No.

893961

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>(Locate at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FTPF17M9YKA91412	FORD TRUCK	F250	2000			
Purchase Date <input checked="" type="checkbox"/> New <input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 05150000	Part Name(s) ENGINE:OTHER PARTS	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) 20-JUL-2001 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)

**NATURAL GAS VEHICLE. CLAMP IN ENGINE WAS RUBBING ONTO FLEXIBLE HOSE THAT WAS HOOKED TO FUEL INJECTORS, CAUSING A HOLE IN FLEXIBLE HOSE, EMITTING NATURAL GAS. THE DEALER AND MANUFACTURER HAVE BEEN NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION.\*AK**

CONTINUED 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.



U.S. Department of Transportation  
National 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** 284

Date Received: SEP 14 4:03:05  
09-AUG-2001  
DEFECTS INVESTIGATION

Od\_or \_\_\_\_\_  
rt\_d1 \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_  
Reference No. 893961

**OWNER INFORMATION (Type or Print)**

[Redacted] 706777  
Work Number [Redacted]  
Home Number [Redacted]

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) (Located at bottom of windshield on driver's side) 1FTPF17M9YKA01412  
Vehicle Mak FORD TRUCK  
Vehicle Model F350 F350  
Vehicle Year 2000  
Current Odometer Reading 4,405

Purchase Date 8-3-2000  
 New  Used  
Dealer's Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Engine Siz (CID/CC/L) 4.8  
No Cylinders 8  
 Turbo Diesel Gas  
 Fuel Injected G.I.G.

Transmission Type  Manua  Automatic  
Antilock Brakes  Yes  No  
Restraint System  3-Point Belt  Motorbelt  2-Point Belt  
 Driverside Airbag  Passengerside Airbag  
Cruise Control  Yes  No  
Drive Train  Front  Rear  4-Wheel  
Vehicle Type  Car  Van  Minivan  Other  
 Sport Ult Truck  Motorcycle  
Body Style  2-Door  4-Door  Stationwagon  Pick Up Truck

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

Component 05150000  
Part Name(s) ENGINE:OTHER PARTS  
Location  Left  Right  
 Front  Rear  
Failed Part(s)  Original  Replacemen

No of Failures \_\_\_\_\_  
Date(s) of Failure(s) 20-JUL-2001  
Mileage at Failure(s) \_\_\_\_\_  
Vehicle Speed 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 Fatalitie \_\_\_\_\_  
Estimated Property Damag \_\_\_\_\_  
Reported to Polic  Yes  No

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

NATURAL GAS VEHICLE. CLAMP IN ENGINE WAS RUBBING ONTO FLEXIBLE HOSE THAT WAS HOOKED TO FUEL INJECTORS, CAUSING A HOLE IN FLEXIBLE HOSE, EMITTING NATURAL GAS. THE DEALER AND MANUFACTURER HAVE BEEN NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION.\*AK

*THIS TRUCK SHOWS SIGN OF WATER HOSE HAS BEEN MAINTAINED AND WHEN CLAMP PLACED OVER HOSE*

CONTINUE ON BACK IF NEEDED

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