



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 436

Date Received

17-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

894598

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 | | |
| SCCGA36B3MHF27934 | LOTUS | ELAN | 1991 | | | |
| 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 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 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) 07-AUG-2001 28000 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|---|

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

WHEN GAS TANK WAS FILLED FUEL LEAKED ON GROUND AND FUMES ENTERED VEHICLE. FUMES WERE SO STRONG THAT CONSUMER FELT SICK AND PULLED OVER. VEHICLE LEAKED SO MUCH FUEL IN GAS STATION THAT EMPLOYEE WAS GOING TO BILL THE CONSUMER. DEALER, LOTUS WAS NOT ADMITTING THERE WAS A PROBLEM. FUEL TANK WOULD HAVE TO BE REPLACED. IF VEHICLE WAS IN AN ACCIDENT IT WOULD DIFFINENTLY BLOWOUT. *AK

COPIES OF THIS FORM ARE:

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

Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

436

FOR AGENCY USE ONLY

Date Received

01 SEP - 5 AM 11:00

17-AUG-2001

DEFECTS INVESTIGATION OFFICE

Reference No.

894598

OWNER INFORMATION (Type or Print)

708760

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

in the absence of your signature, you must sign and return this questionnaire with your name and address to the vehicle manufacturer.

Signature of Owner

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (If recall a holder of a windshield or wipers, etc.)

SCCGA36B3BMHF27934

Vehicle Mark

LOTUS

Vehicle Model

ELAN

Vehicle Year

1991

Current Odometer Reading

28502

Purchase Date

8/6/01

New Used

City

DETROIT MI

State

Zip Code

Engine Size (cid/cyl)

4

No Cylinders

4

Turbo

Diesel

Gas

Fuel Injection

Transmission Type

Automatic

Manual

Antilock Brakes

Restraint System

3-point Belt

Motorcycle

2-point Belt

Driver's Side Airbag

Passenger's Side Airbag

Yes

No

Cruise Control

Yes

No

Drive Train

Front

Rear

4-Wheel

Vehicle Type

Car

Van

Minivan

Other

Motorcycle

Truck

Sport Util

2-Door

4-Door

Stationwagon

Pick Up

Truck

Part Names

FUEL:FUEL TANK ASSEMBLY:TANK

Location

Left

Right

Failed Parts

Original

Replacement

No. of Failures

1

Date(s) of Failure(s)

07-AUG-2001

Mileage at Failure(s)

28300

Vehicle Speed at Failure(s)

N/A

Failed

Part(s)

Previously

Failed

Yes

No

NHTSA

Previously

Failed

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

0

Number of Fatalities

0

Estimated Property Damage

-

Reported to Police

Yes

No

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

WHEN GAS TANK WAS FILLED FUEL LEAKED ON GROUND AND FUMES ENTERED VEHICLE. FUMES WERE SO STRONG THAT CONSUMER FELT SICK AND PULLED OVER. VEHICLE LEAKED SO MUCH FUEL IN GAS STATION THAT EMPLOYEE WAS GOING TO BILL THE CONSUMER. DEALER, LOTUS WAS NOT ADMITTING THERE WAS A PROBLEM. FUEL TANK WOULD HAVE TO BE REPLACED. IF VEHICLE WAS IN AN ACCIDENT IT WOULD DIFFINENTLY BLOW OUT. AK

TOP OF TANK HAS CRACK. SEEMS TO BE COMMON

PROBLEM WITH ALL ELANS (1991) (RPT)

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.

CONTINUE ON BACK IF NEEDED