Form Approved: O.M.B. No. 2127-0002

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 S20

Date Received: **24-AUG-2001**

Od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. **895170**

[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)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FTEX15Y8PKA30920	FORD TRUCK	F150	1993	

Purchase Dat ____ [ ] New [X] Used

Dealer's Name ____ City ____ State ____ Zip Code ____

Engine Size (CID/CC/L) ____ No Cylinders ____

[ ] Turbo [ ] Diesel [ ] Gas [ ] Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
[ ] Manual [ ] Automatic	[X] Yes [ ] No	[ ] 3-Point Belt [ ] Motorbelt [ ] Driverside Airbag [ ] 2-Point Bel [ ] Passengerside Airbag	[X] Yes [ ] No	[ ] Front [ ] Rear [ ] 4-Wheel	[ ] Car [ ] Sport Ult [ ] Van [ ] Truck [ ] Minivan [ ] Motorcycle [ ] Other____	[ ] 2-Door [ ] 4-Door [ ] Stationwagon [X] Pick Up Truck [ ] Other____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06116010	FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH	[ ] Left [ ] Right [ ] Front [ ] Rear	[ ] Original [ ] Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	01-AUG-2001 127000	[ ] Yes [ ] No	[ ] 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
[ ] Yes [X] No	[ ] Yes [X] No	0	0		[ ] Yes [X] No

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

CONSUMER HAD VEHICLE SERVICED FOR RECALL 00V424000. HOWEVER, RECALL REPAIRS TO CORRECT FUEL CROSSOVER PROBLEM HAS NOT CORRECTED THE DEFECT. DEALERSHIP WAS UNWILLING TO PERFORM ADDITIONAL SERVICE ON VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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 920

Date Received: 01 OCT -1 AM
24-AUG-2001
CHANGE DEFECTS IN STRUCTURE

Od_or
rt_dt
bd_dt
up_ltr

Reference No.: 895170

Work Number:
Home Number: [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 710615

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an [redacted] *our name and address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 9/24/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Model	Vehicle Year	Current Odometer Readin
1FTEX15Y8PKA30920	FORD TRUCK	F150	1993	131698

Purchase Date: Aug 99 ☐ New ☒ Used

Dealer's Name: A-1 Auto Sales
City: Houston State: TX Zip Code:

Engine Siz (CID/CC/L: 300
No Cylinders: 6

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passenger-side Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Uti ☒ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06116010	FUEL:FUEL TANK:AUXILLARY SELECTOR AND SWITCH	☒ Left ☐ Right ☒ Front ☐ Rear	☐ Original ☒ Replacemer

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
Cont	01-AUG-2001 127000 All speeds (idle)	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

CONSUMER HAD VEHICLE SERVICED FOR RECALL 00V424000. HOWEVER, RECALL REPAIRS TO CORRECT FUEL CROSSOVER PROBLEM HAS NOT CORRECTED THE DEFECT. DEALERSHIP WAS UNWILLING TO PERFORM ADDITIONAL SERVICE ON VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

CONTINUE ON BACK IF NEEDED