



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 758

Date Received

02-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897178

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 or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMDU34X0RUC51990	FORD TRUCK	EXPLORER	1994	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____	☐ Diesel
				☐ Gas
				☐ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06011080 06130000	Part Name(s) FUEL: LPG GAUGE: FLOAT: SENDER FUEL: FUEL LINES FITTINGS AND PUMP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 16-SEP-2001 83000 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 Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER NOTICED A FUEL LEAK. ALSO, SMELLED FUEL INSIDE VEHICLE. HE TOOK VEHICLE TO AN INDEPENDENT MECHANIC WHO DETERMINED THAT SENDING UNIT NEEDED TO BE REPLACED DUE TO FUEL PIPE RUSTING THROUGH. *AK

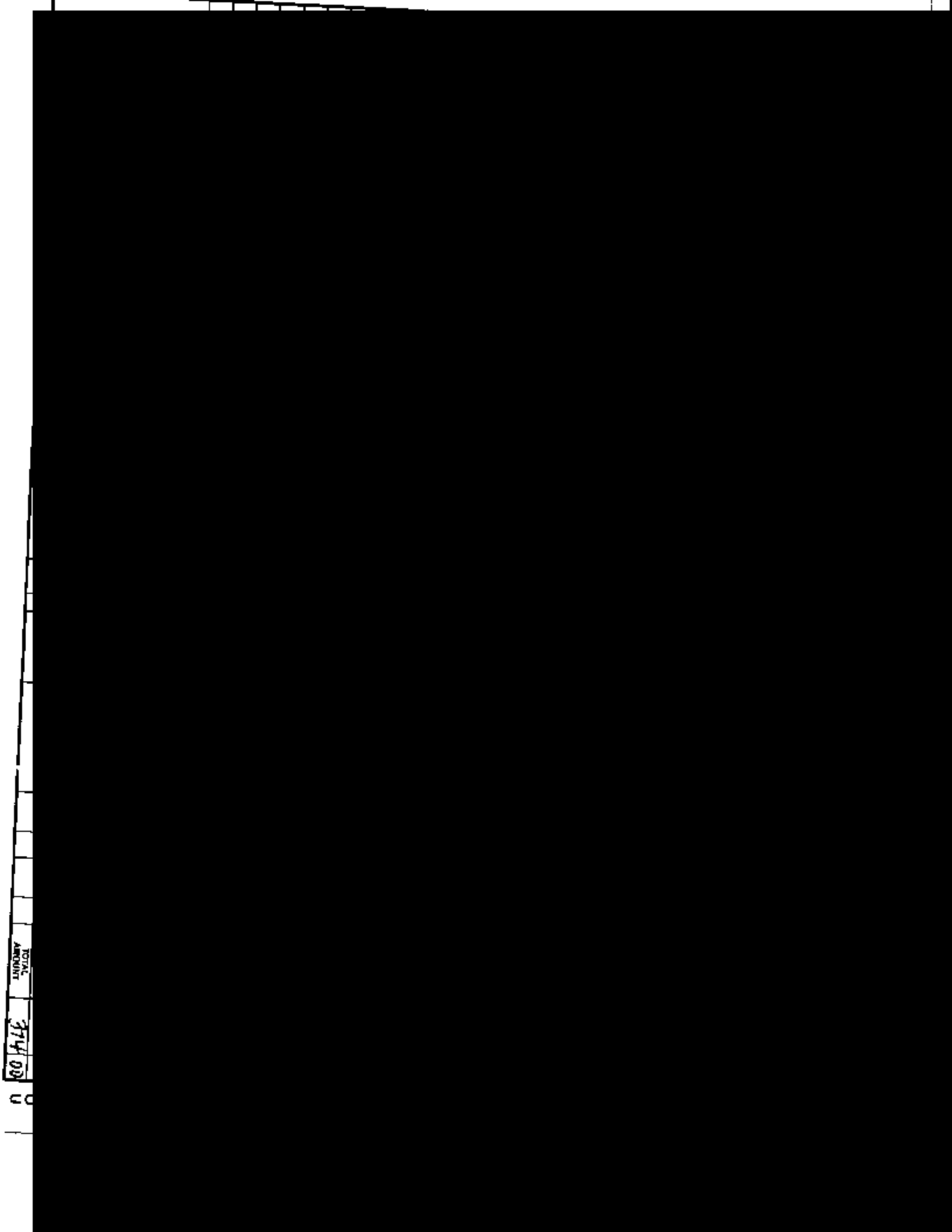
COPIES OF REPORTS - FREE - 1

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		FOR AGENCY USE ONLY 758	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) 		Defect Received OCT 23 AM 11:32 OFFICE DEFECTS INVESTIGATION	
718244		Reference No. 897178	
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, please print your name and address to the vehicle manufacturer. Signature of Owner Date <u>10/12/01</u>		Work Num Home Num	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on drivers side) 1FMDU34X0RUC5199D	Vehicle Make FORD TRUCK	Vehicle Model EXPLORER	Vehicle Year 1994
Purchase Date ☒ New ☐ Used		Dealer's Name <u>Fox Ford</u> City <u>West Town</u> State <u>NY</u> Zip Code <u>13615</u>	Current Odometer Reading 84,365
Engine Size (CID/CC/L) <u>3.0</u> No Cylinders <u>4</u>	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection		
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck	☐ Sport Ut ☐ Truck ☐ Motorcycle
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06011080 08130000	Part Name(s) FUEL LPG GAUGE/FLOAT/SENDER FUEL:FUEL LINES FITTINGS AND PUMP	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures <u>1</u>	Date(s) of Failure(s) <u>16-SEP-2001</u> Mileage at Failure(s) <u>83000</u> 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 Fatalities _____
Estimated Property Damage _____		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
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CONTINUE ON BACK IF NEEDED			
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**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)(5)**

(Page 1 through Page 2)



TOTAL AMOUNT	374.00
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