

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

EA11-006

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6-30-2011

PRIVATE_REPOSITORY_DO
CUMENTS_REPORT

AND

EQ & CL PAGE 28

EA11-006

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6-30-2011

PRIVATE_REPOSITORY_DO
CUMENTS_REPORT

IFS Private Repository Document Extraction Report

Entity ID	Entity Type	Document Type	Document Name	Date Created	Date Modified	Document Size
10409628	CMPL	NOT FOUND				
10408997	CMPL	NOT FOUND				
10408993	CMPL	NOT FOUND				
10408923	CMPL	NOT FOUND				
10408883	CMPL	NOT FOUND				
10408773	CMPL	NOT FOUND				
10408768	CMPL	NOT FOUND				
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10408642	CMPL	NOT FOUND				
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10408260	CMPL	NOT FOUND				
10408053	CMPL	NOT FOUND				
10407830	CMPL	NOT FOUND				
10407761	CMPL	NOT FOUND				
10407716	CMPL	NOT FOUND				
10407626	CMPL	NOT FOUND				
10407621	CMPL	NOT FOUND				
10407593	CMPL	NOT FOUND				

IFS Private Repository Document Extraction Report

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10407439	CMPL	NOT FOUND			
10407367	CMPL	NOT FOUND			
10407356	CMPL	NOT FOUND			
10407227	CMPL	NOT FOUND			
10407176	CMPL	NOT FOUND			
10407173	CMPL	NOT FOUND			
10407121	CMPL	NOT FOUND			
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10406868	CMPL	NOT FOUND			
10406860	CMPL	NOT FOUND			
10406859	CMPL	NOT FOUND			
10406792	CMPL	EVOQ Document	EQ-10406792-8458.pdf	27-JUN-11	27-JUN-11 26509
10406075	CMPL	NOT FOUND			
10406071	CMPL	NOT FOUND			
10406056	CMPL	NOT FOUND			
10406044	CMPL	NOT FOUND			

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size
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10406034	CMPL	NOT FOUND			
10406013	CMPL	NOT FOUND			
10406000	CMPL	NOT FOUND			
10405964	CMPL	NOT FOUND			
10405914	CMPL	NOT FOUND			
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10405497	CMPL	NOT FOUND			
10405494	CMPL	NOT FOUND			
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10405417	CMPL	NOT FOUND			

IFS Private Repository Document Extraction Report

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size
10405275	CMPL	NOT FOUND			
10404949	CMPL	EVOQ Document	EQ-10404949-2549.pdf	13-JUN-11	24872108
10404949	CMPL	EVOQ Document	EQ-10404949-4205.pdf	15-JUN-11	12293146
10404932	CMPL	NOT FOUND			
10404862	CMPL	NOT FOUND			
10404791	CMPL	Complaint Letter	CL-10404791-3314.pdf	31-MAY-11	120576
10404587	CMPL	NOT FOUND			
10404569	CMPL	NOT FOUND			
10404527	CMPL	NOT FOUND			
10404362	CMPL	NOT FOUND			
10404345	CMPL	NOT FOUND			
10404333	CMPL	NOT FOUND			
10404225	CMPL	NOT FOUND			
10404185	CMPL	NOT FOUND			
10404078	CMPL	NOT FOUND			
10404048	CMPL	NOT FOUND			
10404042	CMPL	NOT FOUND			
10404014	CMPL	NOT FOUND			
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Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size
10403767	CMPL	NOT FOUND			
10403715	CMPL	NOT FOUND			
10403616	CMPL	NOT FOUND			
10403605	CMPL	NOT FOUND			
10403534	CMPL	NOT FOUND			
10403431	CMPL	NOT FOUND			
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10402999	CMPL	NOT FOUND			
10402975	CMPL	NOT FOUND			
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10402544	CMPL	NOT FOUND			
10402537	CMPL	NOT FOUND			
10402482	CMPL	NOT FOUND			
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10402430	CMPL	NOT FOUND			
10402428	CMPL	NOT FOUND			
10402373	CMPL	NOT FOUND			
10402370	CMPL	NOT FOUND			
10402365	CMPL	NOT FOUND			
10402363	CMPL	NOT FOUND			
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10402274	CMPL	NOT FOUND			
10402258	CMPL	NOT FOUND			
10402201	CMPL	NOT FOUND			
10402194	CMPL	NOT FOUND			
10402184	CMPL	NOT FOUND			

IFS Private Repository Document Extraction Report

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10402173	CMPL	NOT FOUND				
10402149	CMPL	NOT FOUND				
10402088	CMPL	NOT FOUND				
10402077	CMPL	NOT FOUND				
10402071	CMPL	NOT FOUND				
10402070	CMPL	NOT FOUND				
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10402045	CMPL	NOT FOUND				
10402029	CMPL	NOT FOUND				
10402022	CMPL	NOT FOUND				
10401995	CMPL	NOT FOUND				
10401892	CMPL	NOT FOUND				
10401860	CMPL	NOT FOUND				
10401857	CMPL	NOT FOUND				
10401834	CMPL	NOT FOUND				
10401829	CMPL	NOT FOUND				
10401770	CMPL	NOT FOUND				
10401688	CMPL	Complaint Letter	CL-10401688-4117.pdf	13-MAY-11	13-MAY-11	970846

IFS Private Repository Document Extraction Report

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10401669	CMPL	NOT FOUND			
10401608	CMPL	NOT FOUND			
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10401597	CMPL	NOT FOUND			
10401589	CMPL	NOT FOUND			
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10401527	CMPL	NOT FOUND			
10401451	CMPL	NOT FOUND			
10401306	CMPL	NOT FOUND			
10401139	CMPL	EVOQ Document	EQ-10401139-5853.pdf	17-JUN-11	17-JUN-11 35116
10401047	CMPL	NOT FOUND			
10401022	CMPL	NOT FOUND			
10401015	CMPL	NOT FOUND			
10401000	CMPL	EVOQ Document	EQ-10401000-1252.pdf	16-JUN-11	16-JUN-11 170910
10400998	CMPL	NOT FOUND			
10400997	CMPL	NOT FOUND			
10400972	CMPL	NOT FOUND			
10400951	CMPL	NOT FOUND			

IFS Private Repository Document Extraction Report

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10400946	CMPL	NOT FOUND				
10400904	CMPL	NOT FOUND				
10400896	CMPL	NOT FOUND				
10400880	CMPL	NOT FOUND				
10400877	CMPL	NOT FOUND				
10400869	CMPL	NOT FOUND				
10400844	CMPL	NOT FOUND				
10400809	CMPL	NOT FOUND				
10400803	CMPL	EVOQ Document	EQ-10400803-9549.pdf	16-JUN-11	16-JUN-11	37074
10400801	CMPL	NOT FOUND				
10400775	CMPL	EVOQ Document	EQ-10400775-1017.pdf	10-JUN-11	10-JUN-11	36345
10400755	CMPL	NOT FOUND				
10400747	CMPL	NOT FOUND				
10400741	CMPL	NOT FOUND				
10400738	CMPL	NOT FOUND				
10400737	CMPL	NOT FOUND				
10400736	CMPL	NOT FOUND				
10400722	CMPL	EVOQ Document	EQ-10400722-2997.pdf	09-JUN-11	09-JUN-11	38193

IFS Private Repository Document Extraction Report

Entity ID	Entity Type	Document Type	Document Name		Date Modified	Document Size
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10400696	CMPL	NOT FOUND				
10400690	CMPL	NOT FOUND				
10400685	CMPL	NOT FOUND				
10400682	CMPL	NOT FOUND				
10400679	CMPL	NOT FOUND				
10400672	CMPL	EVOQ Document	EQ-10400672-9384.pdf	01-JUN-11	01-JUN-11	10499729
10400671	CMPL	NOT FOUND				
10400639	CMPL	NOT FOUND				
10400628	CMPL	EVOQ Document	EQ-10400628-4182.pdf	16-JUN-11	16-JUN-11	62229
10400621	CMPL	NOT FOUND				
10400612	CMPL	NOT FOUND				
10400601	CMPL	NOT FOUND				
10400599	CMPL	NOT FOUND				
10400598	CMPL	EVOQ Document	EQ-10400598-3106.pdf	21-JUN-11	21-JUN-11	92964
10400596	CMPL	NOT FOUND				
10400591	CMPL	NOT FOUND				
10400590	CMPL	EVOQ Document	EQ-10400590-9129.pdf	21-JUN-11	21-JUN-11	550917
10400583	CMPL	NOT FOUND				

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size	
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10400570	CMPL	NOT FOUND				
10400549	CMPL	NOT FOUND				
10400494	CMPL	NOT FOUND				
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10400452	CMPL	NOT FOUND				
10400449	CMPL	NOT FOUND				
10400368	CMPL	NOT FOUND				
10400099	CMPL	NOT FOUND				
10400056	CMPL	NOT FOUND				
10400047	CMPL	NOT FOUND				
10400039	CMPL	EVOQ Document	EQ-10400039-2385.pdf	10-JUN-11	10-JUN-11	92826
10400029	CMPL	EVOQ Document	EQ-10400029-2991.pdf	27-JUN-11	27-JUN-11	1716027
10400027	CMPL	NOT FOUND				
10400026	CMPL	NOT FOUND				
10399993	CMPL	NOT FOUND				
10399989	CMPL	NOT FOUND				
10399986	CMPL	NOT FOUND				
10399984	CMPL	NOT FOUND				

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size
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10399936	CMPL	NOT FOUND			
10399935	CMPL	NOT FOUND			
10399929	CMPL	NOT FOUND			
10399923	CMPL	NOT FOUND			
10399917	CMPL	NOT FOUND			
10399906	CMPL	NOT FOUND			
10399899	CMPL	NOT FOUND			
10399898	CMPL	NOT FOUND			
10399892	CMPL	NOT FOUND			
10399884	CMPL	NOT FOUND			
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10399877	CMPL	NOT FOUND			
10399854	CMPL	NOT FOUND			
10399852	CMPL	NOT FOUND			
10399851	CMPL	NOT FOUND			
10399842	CMPL	NOT FOUND			
10399832	CMPL	NOT FOUND			
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10399822	CMPL	NOT FOUND				
10399820	CMPL	NOT FOUND				
10399816	CMPL	NOT FOUND				
10399800	CMPL	NOT FOUND				
10399793	CMPL	NOT FOUND				
10399792	CMPL	NOT FOUND				
10399788	CMPL	NOT FOUND				
10399780	CMPL	NOT FOUND				
10399773	CMPL	NOT FOUND				
10399772	CMPL	NOT FOUND				
10399765	CMPL	NOT FOUND				
10399764	CMPL	NOT FOUND				
10399759	CMPL	NOT FOUND				
10399755	CMPL	EVOQ Document	EQ-10399755-9482.pdf	17-JUN-11	17-JUN-11	325173
10399754	CMPL	EVOQ Document	EQ-10399754-9091.pdf	03-JUN-11	03-JUN-11	603217
10399750	CMPL	NOT FOUND				
10399749	CMPL	EVOQ Document	EQ-10399749-9960.pdf	10-JUN-11	10-JUN-11	51131
10399745	CMPL	NOT FOUND				

IFS Private Repository Document Extraction Report

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size	
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10399742	CMPL	NOT FOUND				
10399740	CMPL	NOT FOUND				
10399736	CMPL	NOT FOUND				
10399726	CMPL	NOT FOUND				
10399718	CMPL	NOT FOUND				
10399702	CMPL	NOT FOUND				
10399688	CMPL	NOT FOUND				
10399685	CMPL	EVOQ Document	EQ-10399685-2401.pdf	01-JUN-11	01-JUN-11	1088822
10399683	CMPL	NOT FOUND				
10399682	CMPL	NOT FOUND				
10399681	CMPL	NOT FOUND				
10399678	CMPL	NOT FOUND				
10399677	CMPL	EVOQ Document	EQ-10399677-3145.pdf	06-JUN-11	06-JUN-11	37033
10399676	CMPL	NOT FOUND				
10399675	CMPL	NOT FOUND				
10399664	CMPL	NOT FOUND				
10399660	CMPL	NOT FOUND				
10399653	CMPL	NOT FOUND				

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size
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10399644	CMPL	NOT FOUND			
10399643	CMPL	NOT FOUND			
10399636	CMPL	NOT FOUND			
10399630	CMPL	NOT FOUND			
10399605	CMPL	NOT FOUND			
10399589	CMPL	NOT FOUND			
10399569	CMPL	NOT FOUND			
10399562	CMPL	NOT FOUND			
10399558	CMPL	NOT FOUND			
10399535	CMPL	NOT FOUND			
10399503	CMPL	NOT FOUND			
10399471	CMPL	NOT FOUND			
10399166	CMPL	NOT FOUND			
10398291	CMPL	NOT FOUND			
10397851	CMPL	NOT FOUND			
10397757	CMPL	NOT FOUND			
10397499	CMPL	NOT FOUND			
10397098	CMPL	NOT FOUND			

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size
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10396191	CMPL	Complaint Letter	CL-10396191-1847.pdf	08-APR-11	08-APR-11 1828189
10396077	CMPL	NOT FOUND			
10395954	CMPL	NOT FOUND			
10395767	CMPL	EVOQ Document	EQ-10395767-9262.pdf	03-JUN-11	03-JUN-11 359438
10395577	CMPL	NOT FOUND			
10395350	CMPL	NOT FOUND			
10394264	CMPL	NOT FOUND			
10393770	CMPL	NOT FOUND			
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10393428	CMPL	NOT FOUND			
10393168	CMPL	NOT FOUND			
10392686	CMPL	NOT FOUND			
10392393	CMPL	NOT FOUND			
10390848	CMPL	NOT FOUND			
10390768	CMPL	NOT FOUND			
10390314	CMPL	NOT FOUND			
10389971	CMPL	NOT FOUND			
10386615	CMPL	NOT FOUND			

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size
10386599	CMPL	NOT FOUND			
10386452	CMPL	NOT FOUND			
10386411	CMPL	EVOQ Document	EQ-10386411-3374.pdf	04-APR-11	04-APR-11 62354
10386244	CMPL	NOT FOUND			
10384765	CMPL	NOT FOUND			
10384724	CMPL	NOT FOUND			
10384653	CMPL	NOT FOUND			
10384606	CMPL	NOT FOUND			
10384509	CMPL	NOT FOUND			
10384037	CMPL	NOT FOUND			
10383932	CMPL	NOT FOUND			
10383698	CMPL	NOT FOUND			
10383379	CMPL	NOT FOUND			
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10380119	CMPL	NOT FOUND			
10379976	CMPL	NOT FOUND			
10379258	CMPL	NOT FOUND			
10378787	CMPL	NOT FOUND			
10378232	CMPL	NOT FOUND			

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10377102	CMPL	NOT FOUND			
10375411	CMPL	NOT FOUND			
10375341	CMPL	NOT FOUND			
10375172	CMPL	NOT FOUND			
10374908	CMPL	NOT FOUND			
10374791	CMPL	NOT FOUND			
10374626	CMPL	NOT FOUND			
10373953	CMPL	NOT FOUND			
10373868	CMPL	NOT FOUND			
10372496	CMPL	NOT FOUND			
10371988	CMPL	NOT FOUND			
10371721	CMPL	NOT FOUND			
10371593	CMPL	NOT FOUND			
10370708	CMPL	NOT FOUND			
10369956	CMPL	NOT FOUND			
10369574	CMPL	NOT FOUND			
10368251	CMPL	NOT FOUND			
10368008	CMPL	NOT FOUND			

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10367228	CMPL	NOT FOUND			
10366937	CMPL	NOT FOUND			
10366726	CMPL	NOT FOUND			
10366621	CMPL	NOT FOUND			
10366376	CMPL	NOT FOUND			
10366124	CMPL	NOT FOUND			
10365622	CMPL	NOT FOUND			
10365150	CMPL	NOT FOUND			
10364231	CMPL	NOT FOUND			
10364149	CMPL	NOT FOUND			
10363845	CMPL	NOT FOUND			
10362878	CMPL	NOT FOUND			
10362613	CMPL	NOT FOUND			
10362523	CMPL	NOT FOUND			
10362506	CMPL	NOT FOUND			
10362338	CMPL	NOT FOUND			
10361565	CMPL	NOT FOUND			
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10361216	CMPL	NOT FOUND			

IFS Private Repository Document Extraction Report

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size
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10360982	CMPL	NOT FOUND			
10360694	CMPL	EVOQ Document	EQ-10360694-4022.pdf	05-JAN-11	05-JAN-11 50903
10360255	CMPL	NOT FOUND			
10360084	CMPL	NOT FOUND			
10359532	CMPL	NOT FOUND			
10359422	CMPL	NOT FOUND			
10359401	CMPL	Complaint Letter	CL-10359401-8381.pdf	01-DEC-10	01-DEC-10 38177
10359175	CMPL	NOT FOUND			
10359070	CMPL	NOT FOUND			
10359041	CMPL	NOT FOUND			
10358618	CMPL	NOT FOUND			
10358319	CMPL	EVOQ Document	EQ-10358319-4299.pdf	29-MAR-11	29-MAR-11 138879
10358231	CMPL	NOT FOUND			
10358140	CMPL	NOT FOUND			
10358104	CMPL	NOT FOUND			
10358008	CMPL	NOT FOUND			
10357974	CMPL	NOT FOUND			
10357968	CMPL	NOT FOUND			

IFS Private Repository Document Extraction Report

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size
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10357828	CMPL	EVOQ Document	EQ-10357828-9463.pdf	03-MAR-11	03-MAR-11 14277
10357763	CMPL	NOT FOUND			
10357760	CMPL	NOT FOUND			
10357695	CMPL	NOT FOUND			
10357684	CMPL	NOT FOUND			
10357454	CMPL	NOT FOUND			
10357453	CMPL	NOT FOUND			
10357423	CMPL	NOT FOUND			
10357269	CMPL	Complaint Letter	CL-10357269-3684.pdf	06-DEC-10	06-DEC-10 7182130
10357252	CMPL	NOT FOUND			
10357100	CMPL	NOT FOUND			
10357043	CMPL	NOT FOUND			
10356939	CMPL	NOT FOUND			
10356927	CMPL	NOT FOUND			
10356910	CMPL	NOT FOUND			
10356707	CMPL	NOT FOUND			
10356681	CMPL	NOT FOUND			
10356670	CMPL	NOT FOUND			

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10356367	CMPL	NOT FOUND			
10356281	CMPL	NOT FOUND			
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10356086	CMPL	NOT FOUND			
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10355897	CMPL	NOT FOUND			
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10355717	CMPL	NOT FOUND			
10355704	CMPL	NOT FOUND			
10355691	CMPL	NOT FOUND			
10355671	CMPL	NOT FOUND			
10355670	CMPL	NOT FOUND			
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IFS Private Repository Document Extraction Report

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10355649	CMPL	NOT FOUND			
10355578	CMPL	NOT FOUND			
10355563	CMPL	EVOQ Document	EQ-10355563-4368.pdf	08-FEB-11	08-FEB-11 268024
10355553	CMPL	NOT FOUND			
10355498	CMPL	NOT FOUND			
10355442	CMPL	NOT FOUND			
10355391	CMPL	NOT FOUND			
10355230	CMPL	NOT FOUND			
10355172	CMPL	NOT FOUND			
10349908	CMPL	NOT FOUND			
10349353	CMPL	NOT FOUND			
10347823	CMPL	NOT FOUND			
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10341748	CMPL	NOT FOUND			
10341303	CMPL	NOT FOUND			
10335775	CMPL	NOT FOUND			
10335229	CMPL	EVOQ Document	EQ-10335229-1770.pdf	29-NOV-10	29-NOV-10 750034
10331996	CMPL	NOT FOUND			

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10328703	CMPL	NOT FOUND				
10327738	CMPL	NOT FOUND				
10327692	CMPL	NOT FOUND				
10295807	CMPL	NOT FOUND				
10292985	CMPL	NOT FOUND				
10284941	CMPL	EVOQ Document	EQ-10284941-9576.pdf	21-OCT-09	21-OCT-09	199520
10279265	CMPL	NOT FOUND				
10272880	CMPL	EVOQ Document	EQ-10272880-5490.pdf	10-JUL-09	10-JUL-09	871972
10267265	CMPL	NOT FOUND				
10258107	CMPL	EVOQ Document	EQ-10258107-2067.pdf	13-AUG-10	13-AUG-10	56417
10257754	CMPL	NOT FOUND				
10251933	CMPL	NOT FOUND				
10246134	CMPL	NOT FOUND				
10243452	CMPL	NOT FOUND				
10227012	CMPL	NOT FOUND				
10223571	CMPL	EVOQ Document	EQ-10223571-8841.pdf	13-AUG-10	13-AUG-10	34824
10210650	CMPL	NOT FOUND				
10207964	CMPL	EVOQ Document	EQ-10207964-0335.pdf	10-MAR-08	10-MAR-08	1289362

IFS Private Repository Document Extraction Report

Entity ID	Entity Type	Document Type	Document Name	Date Modified	Document Size	
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10199677	CMPL	NOT FOUND				
10195400	CMPL	NOT FOUND				
10179400	CMPL	NOT FOUND				
10177544	CMPL	EVOQ Document	EQ-10177544-7629.PDF	01-MAR-07	01-MAR-07	536020
10162913	CMPL	EVOQ Document	EQ-10162913-2519.PDF	02-AUG-06	02-AUG-06	519492
10157981	CMPL	NOT FOUND				
10154815	CMPL	EVOQ Document	EQ-10154815-7919.PDF	11-MAY-06	11-MAY-06	218819
10154657	CMPL	EVOQ Document	EQ-10154657-4832.PDF	04-MAY-06	04-MAY-06	649567
10138780	CMPL	NOT FOUND				
10137171	CMPL	NOT FOUND				
10129671	CMPL	NOT FOUND				

EA11-006

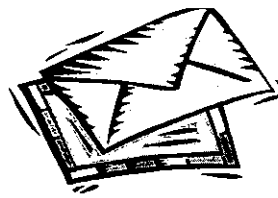
MEMO

ODI

6-30-2011

EQ & CL

NHTSA ccmMercury Routing Slip



CL-10359401-8381

Printed: 11/26/2010

NHTSA #: ES10-007502	Rec'd Date: 11/26/2010	Referred By: NPO-011
XREF #:	Doc Type: CNG	Doc Date: 10/21/2010
Delivery: EML	Address To: NIA110	Due Date: 12/16/2010
S10 #:	DOT/I #:	RMP #:
Subject: LETTER FROM SENATOR COLLINS ON BEHALF OF CONSTITUENT [REDACTED] RE THE STRAPS HOLDING THE GAS TANK ON HIS 1999 FORD 150		
Ack Date:	Ack By:	Signed For:
Sign Office: DIR. GOVT. AFFAIRS	Signature: CHAN LIEU	Cleared For:
Cleared Date:	Cleared By:	Closed Date:
File Loc:	XREF File:	
Added By: BMILLINGS x65470	Modified By: BERNADETTE.MILLINGS	
Most Recent Comment:		

Author:

THE HONORABLE SUSAN M COLLINS SENATOR
UNITED STATES SENATE

WASHINGTON, DC 20510-1904
Tel: Fax: E-mail:

Assigned To	Task	Asgn Date	Deadline	Returned Date
NVS-200	REPLY	11/26/2010	12/16/2010	
NVS-010	INFORMATION	11/26/2010		11/26/2010
NIA-110	INFORMATION	11/26/2010		11/26/2010

NOV 27 2010

RECEIVED-NHTSA
2010 NOV 29 P 8:34
EXECUTIVE SECRETARIAT

MC
11/30/10
TFW

SUSAN M. COLLINS
MAINE

413 DIRKSEN SENATE OFFICE BUILDING
WASHINGTON, DC 20510-1904
(202) 224-2523
(202) 224-2693 (FAX)

United States Senate

WASHINGTON, DC 20510-1904

COMMITTEES:
HOMELAND SECURITY AND
GOVERNMENTAL AFFAIRS,
RANKING MEMBER
APPROPRIATIONS
ARMED SERVICES
SPECIAL COMMITTEE
ON AGING

202 Harlow St., Room 204
Bangor, ME 04401
October 21, 2010

Mr. Chan Lieu
Director Governmental Affairs
NHTSA
1200 New Jersey Ave., SE, West Building
Washington, DC 20590

RE: Peter Furrow

Dear Mr. Lieu:

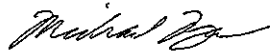
Senator Collins has been contacted by [REDACTED] from Dixmont, Maine, with a request for assistance.

Mr. [REDACTED] states that the straps holding the gas tank on his 1999 Ford-150 broke and presented a serious fire hazard. He believes that the vehicle should be recalled. Mr. [REDACTED] asked Senator Collins to write on his behalf, to ask that officials at the U.S. Department of Transportation review his concern and that his request for a recall of this vehicle be given appropriate consideration.

Senator Collins has a strong desire to be responsive to constituent inquiries. With this in mind, I have taken the liberty of forwarding a copy of Mr. [REDACTED] letter to Senator Collins. I would appreciate your review of this matter and any assistance you can provide to assure Mr. [REDACTED] that his concerns are being addressed.

Thank you in advance for your attention to this request. If you have any questions regarding this inquiry, please don't hesitate to contact me at (207)945-0417.

Sincerely,



Michael C. Noyes
Staff Assistant to
Susan M. Collins
United States Senator

Attachments

For Peter Furrow(593681)

Staff: miken Mike Noyes

Salutation: [Redacted]
Address: [Redacted]
 Dixmont, ME [Redacted]
Phone: [Redacted]
(H) [Redacted]

Email: [Redacted]
Organization:
Title:
Personal Codes:

Correspondence 885839:
Category: Corr
Interest Cd: CASEWORK
Group: W101012
Description:

Received Date: 10/12/2010
In: EML

Due Date: 10/12/2010
Staff: miken
Print Date:

File Loc.: [Redacted]
Letter Code:
Closed Date:

Comments:

RSP: Yes.

Date Received: 10/12/2010 11:58:41 AM

hi iam peter furrow iam sending you this message about the gas starps on the ford f-150 i was driveing my f-150 down the road in crystal maine went over some rail road tracs and my gas tank fall out of my 1999 ford on to the ground that tank was full of gas i was very lucky iam still alive to tell you this i had just got off the interstate in inland falls .the gas traps on the tank had broke because they were all rusted out when i got home i googled recalls on the f-150 and it has not been recalled but think it should be and thats why iam writeing you thought you wouls like to save some lives so have a great day feel free to call peter furrow

MAY 1 7 2011

5

To Whom IT MAY CONCERN:
 THIS HAPPENED to my VEHICLE ON 9-4-2010 AS I WAS
 DRIVING Home FROM WORK ON THIS MORNING. AS I WAS
 LEAVING the SMALL RURAL
 TOWN OF EDON,
 OHIO where I
 WORK, JUST AT
 The EDGE OF
 City Limits AND
 GOING APPROX 30
 MPH, I heard
 Something FALL
 AND DRAGGING
 ON the PAVEMENT.
 MY FIRST THOUGHT
 WAS MY EXHAUST
 HANGER MUST HAVE
 Rusted Loose. So
 I Proceeded
 ALONG at ABOUT
 20 MPH to Hope-
 fully MAKE IT
 To the FUEL
 Stop ABOUT AN
 1/8 OF A MILE up
 The ROAD so
 I COULD PULL
 OVER AND CHECK
 OUT the Problem. I Reached the
 FUEL stop AND AS I Exited the
 CAB There WAS FUEL Gushing
 OUT. I COULD HAVE BEEN ON FIRE!



The 1997 F-150, above, is the first model year affected by the investigation. Models through 2001 are covered. Such investigations often lead to recalls.

Fuel-tank problem in Ford F-150s under study

ASSOCIATED PRESS

DETROIT — The National Highway Traffic Safety Administration is investigating a fuel-tank problem that could affect more than 2.7 million Ford F-150 pickup trucks.

The agency said yesterday that the steel straps holding the truck's gas tank can rust and break, possibly causing a fuel spill and fire.

No injuries have been reported from the possible defect.

The agency is looking into trucks from the 1997 through 2001 model years. Its investigations often lead to recalls.

The agency began looking at the fuel tank problem last year after it received 32 complaints. The agency and Ford have now received 243 reports of the tanks falling. In two incidents, a fire started when the fuel tank fell. One of the fires destroyed the pickup, and the other extinguished itself.

The safety agency said fuel leaked

See FORD, Page 8

OHIO ■ TUESDAY, MAY 10, 2011

Ford

Continued from Page 6

in 95 of the reported incidents. Nine drivers reported sparks when the tank dropped on the road, which would increase the likelihood of a fire.

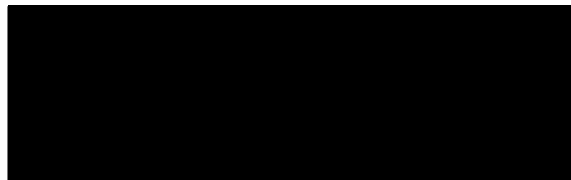
Ford said it's cooperating with the investigation. Company spokesman Wes Sherwood said owners with questions should contact their dealers.

The investigation isn't related to an air bag defect that caused the recent recall of 1.2 million F-150s from the 2004-2006 model years.

The F-Series has been the best-selling vehicle in the United States for more than three decades. It's been the subject of recent sniping between the safety agency and Ford because of air bags that could deploy at the wrong time. Ford said in February it will fix 150,000 F-150s for that problem, but under pressure from regulators, it expanded the recall to 1.2 million trucks last month. Ninety-eight injuries were reported because of that problem.

I WANTED TO REGISTER MY
 Problem with
 your AGENCY,
 AFTER LEARNING
 OF THIS IN THE
 TOLEDO OFF.
 BLADE NEWS -
 PAPER. I AM
 ENCLOSED
 THE REPAIR
 BILL AS EVID-
 ENCE OF MY
 STORY. HOPEFULLY
 YOU CAN PUT
 PRESSURE ON
 F.O.M.O.CO. TO HAVE
 A RECALL ON
 THIS PROBLEM SO
 OWNERS CAN GET
 THEIR TRUCKS FIXED

SO NO ONE WILL GET HURT.
 I COULD HAVE, BUT WAS
 LUCKY! THANK YOU FOR
 YOUR CONSIDERATION.



MC
 053111
 TGW



1248 E. Main Street
 Montpelier, OH 43543
 (419) 485-3181

SERVICE DEPARTMENT HOURS
 8:00 a.m. to 5:00 p.m.
 Monday - Friday
 8:00 a.m. - 12:00 p.m. Saturday

R/O Open Date	R/O Number				
9/04/10	6006873/1				
R/O Close Date	Status				
9/09/10	Final				
Mileage In	Mileage Out				
2	133709				
Service Advisor Tag #					
Robert Koby/*W*					
Vehicle Identification Number					
1FTDF18W9VL					
Delivery Date	In-Service Date				
Year	Make	Model	Body	Color	License Number
1997	FORD TRUCK	F150	2 DOOR	RED	

MONTPELIER, OH		Work Phone	
Year	Make	Model	Body
1997	FORD TRUCK	F150	2 DOOR

DESCRIPTION OF SERVICE AND PARTS	AMOUNT
#1 - FUEL SYS: FUEL SYS CUSTOMER STATES GAS TANK FELL OUT. Work performed by Curt E (CBE) 167.99 Installed: STRAP ASY - FUEL TANK 1@28.02 28.02 Installed: STRAP ASY - FUEL TANK 1@31.43 31.43 Installed: FUEL TANK 1@258.32 258.32 Installed: FUEL FILL HOSE 1@23.19 23.19 REPLACED FUEL TANK AND STRAPS AND ALSO HAD TO REPLACE FUEL FILLER KNECK. Sub Total: 508.95	
#2 * FUEL FILT: CUSTOMER REQUEST: REPLACE FUEL FILTER. NEED TO REPLACE FUEL FILTER DUE TO REPLACING FUEL TANK. Work performed by Curt E (CBE) 29.99 Installed: FILTER ASY - FUEL 1@17.87 17.87 REPLACED FUEL FILTER AND RETESTED OK. Sub Total: 47.86	
#3 * ENGINE: ENGINE CUSTOMER REQUEST SPARK PLUG BE REPLACED. Work performed by Curt E (CBE) 39.95 Installed: SPARK PLUG 1@8.92 8.92 REPALCED SPARK PLUG AND LUBED BOOT. RETESTED OK AT THIS TIME. Sub Total: 48.87	
#4 * ACCESS: ACCESSORY/MISC. HAD TO PUT FUEL IN NEW GAS TANK.	

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. *I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.*

DISCLAIMER OF WARRANTIES. Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

LABOR	
PARTS	
DEDUCTIBLE	
SUBLET	
SHOP SUPPLIES	
HAZARDOUS MATERIALS	
SALES TAX OR TAX I.D.	
SPECIAL ORDER DEPOSIT	
DISCOUNTS	
TOTAL DUE	

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.
 X



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 Montpelier, OH 43543
 (419) 485-3181

SERVICE DEPARTMENT HOURS
 8:00 a.m. to 5:00 p.m.
 Monday - Friday
 8:00 a.m. - 12:00 p.m. Saturday

R/O Open Date	R/O Number
9/04/10	6006873/2
R/O Close Date	Status
9/09/10	Final
Mileage In	Mileage Out
2	133709
Service Advisor / Tag #	

Robert Koby/*W*

Vehicle Identification Number

1FTDF18W9VL

MONTPELIER, OH			Work Phone	Delivery Date	In-Service Date
Year	Make	Model	Home Phone		
1997	FORD TRUCK	F150	2 DOOR	RED	

DESCRIPTION OF SERVICE AND PARTS

AMOUNT

Work performed by Curt E (CBE)
 FILLED TANK WITH SOME FUEL.
 Sub Total: 20.01
 Sub Total: .00

20.01

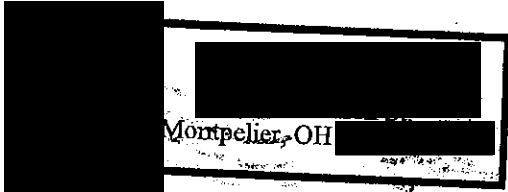
TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. "I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto."

DISCLAIMER OF WARRANTIES. Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

LABOR	257.94
PARTS	367.75
DEDUCTIBLE	.00
SUBLET	.00
SHOP SUPPLIES	5.00
HAZARDOUS MATERIALS	.00
SALES TAX OR TAX I.D.	44.15
SPECIAL ORDER DEPOSIT	.00
DISCOUNTS	.00
TOTAL DUE	674.84
Check1257	674.84

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.

X



TOLEDO OH 436
12 MAY 2011 PM 2 T



N.H.T.S.A.
U.S. DEPT OF TRANSPORTATION
400 SEVENTH STREET
WASHINGTON, D.C.

20590
1411110011111111111111



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

2006 APR 06 4:34

Reference No.
10154815

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: HOPEWELL JUNCTION State: NY Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature of the owner, your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 04/16/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2FTZX1724W [REDACTED]
Make: FORD Model: F-150 Model Year: 1998
Date Purchased: 4-21-04 Dealer's Name and Telephone Number: USED (DAV SALVATORE)
Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner: Dealer's City: Brownell MTRS (Repairs) State: NY Zip Code: 12533
Transmission Type: MANUAL Antilock Brakes: Cruise Control: Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 071120 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:MOUN
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 06-APR-2006 Failure Mileage: 118000 Failure Speed: 10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] Reported to Police: N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED WHILE TURNING A CORNER AT 10 MPH, A LOUD BANG WAS HEARD. THE VEHICLE WAS PULLED OVER AND UPON INSPECTION, THE CONTACT FOUND THE FRONT OF THE FUEL TANK ON THE GROUND. THE VEHICLE WAS TOWED TO THE DEALERSHIP, WHERE TWO OF THREE FUEL TANK BANDS WERE REPLACED BECAUSE OF CORROSION. THIS VEHICLE WAS LOCATED IN A SALT BELT STATE.

after talking to the ford dealer I feel the parts on my vehicle were not of specified finishes or rust preventive materials which may and in most cases would have caused serious or fatal injuries. I also feel there should be no cost to me for this negligence and a serious look into this by FORD MC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

330494

14244

Brownell Motors Inc.

794 ROUTE 52 BOX 413
FISHKILL, NEW YORK 12524
(845) 831-3000 FAX (845) 838-2686
WWW.BROWNELLMOTORS.COM
SERVICE (845) 831-4770
PARTS (845) 831-4772

INVOICE

HOPEWELL JUNCTION, NY
HOME:

PAGE 1

SERVICE ADVISOR: 807 gary boehm

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
BLUE-/BLUE	98	FORD F-150	2FTZX1724WC		121388/121388		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
11JUL98	IS19MAR98		17:00 04APR06		80.00	CASH	06APR06
R.O. OPENED	READY	OPTIONS:					
16:45 04APR06	14:06 06APR06	STK:7129 ENG:4.2_LITER_EFI-SPI					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CAR TOWED IN , GAS TANK STRAPS BROKE							
00 TECH REPLACED FUEL TANK STRAPS. (OLD TANK STRAPS IN VEHICLE)							
				5 CPF	1.50		
1	F65Z*9054*DB	STRAP ASY - FUEL TANK			23.89	23.89	23.89
1	F75Z*9054*GA	STRAP ASY - FUEL TANK			21.72	21.72	21.72

LINCOLN
Mercury

SAAB

Pen & VISA
006229
DAB

Visa

3/09.

167

SERVICE HOURS:
MON-FRI 8:00 AM - 5:00 PM
N.Y.S. M/V REG. NO.
R3140002

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE:

X _____

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	120.00
PARTS AMOUNT	45.61
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	165.61
LESS INSURANCE	0.00
SALES TAX	13.46
PLEASE PAY THIS AMOUNT	179.07

CUSTOMER COPY X OK

845-223-7253 Route 82 Al REPAIR #7056204
845-227-6587 Route 376 Gary

A & G Community Auto Repair Ltd.
1060 Route 82

Hopewell Junction, NY 12533

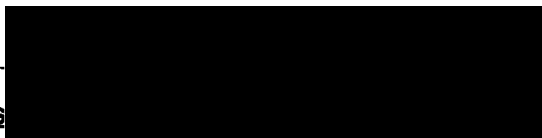
24 Hour Towing Nights 845-227-6587



NAME

ADDRESS

CITY



43199

DATE

CUST. ORDER NO.

WHEN PROMISED

4/4/06

YEAR AND MAKE OF CAR - TYPE OR MODEL

SERIAL NO.

98 FORD F150 pick-up

MOTOR NO.

LICENSE NO.

MILEAGE

WRITTEN BY

CST-3485

DESCRIPTION OF WORK

AMOUNT

FLATBED Truck From
VERPLANCK AVE. Hopewell
to Brownly Motors Fickell
NY.

55.00

paid

Receipt

2070

NO Damage to Truck From FLATBED

GAS, OIL & GREASE

CHECK BELOW
LUBRICATE

LABOR ONLY

GALS. GAS

CHANGE
ENGINE OIL

PARTS

QTS. OIL

TRANSMISSION

ACCESSORIES

LBS. GREASE

DIFFERENTIAL

GAS, OIL
AND GREASE

MISC.
MERCHANDISE

SUBLET
REPAIRS

TAX

4.53

TOTAL PARTS ▶

ACCESSORIES - TIRES AND TUBES

TOTAL GAS,
OIL AND GREASE

AUTHORIZED

TOTAL ▶ 59.53

TOTAL ACCESSORIES ▶

ESTIMATES ARE FOR LABOR ONLY, MATERIAL ADDITIONAL

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is understood that this company assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sale, repair or while road testing.

PAY THIS AMOUNT

A Delete Change No Activity **NFIRS -1 Basic**

SB111 IL MM 03 DD 14 YYYY 2008 12 08-0003131 000

FDID * State * Incident Date * Station Incident Number * Exposure *

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street address Intersection In front of Rear of Adjacent to Directions

LINDBERGH BLVD SPRINGFIELD IL

C Incident Type * 411 Gasoline or other flammable liquid spill

E1 Date & Times Midnight is 0000

Alarm * 03 14 2008 19:56:00

Arrival * 03 14 2008 20:04:00

Controlled Last Unit Cleared 03 14 2008 20:37:00

E2 Shift & Alarms Local Option 2 01 36

E3 Special Studies Local Option

D Aid Given or Received *

1 Mutual aid received Their FDID Their State

2 Automatic aid recv.

3 Mutual aid given

4 Automatic aid given

5 Other aid given

N None

F Actions Taken * 40 Hazardous condition, Other

G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel

Suppression EMS Other 0001 0003

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ 000,000

Contents \$ 000,000

PRE-INCIDENT VALUE: Optional

Property \$ 000,000

Contents \$ 000,000

Completed Modules

Fire-2 Structure-3 Civil Fire Cas.-4 Fire Serv. Cas.-5 EMS-6 HazMat-7 Wildland Fire-8 Apparatus-9 Personnel-10 Arson-11

H1* Casualties None

Deaths Injuries

Fire Service Civilian

H2 Detector Required for Confined Fires.

1 Detector alerted occupants Detector did not alert them Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evacuation or HazMat actions

2 Propane gas: <21 lb. tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling < 55 gallons

0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Bus. & Residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use* Structures

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/Tavern or nightclub

213 Elementary school or kindergarten

215 High school or junior high

241 College, adult education

311 Care facility for the aged

331 Hospital

341 Clinic, clinic type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1-or 2-family dwelling

429 Multi-family dwelling

439 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

539 Household goods, sales, repairs

579 Motor vehicle/boat sales/repair

571 Gas or service station

599 Business office

615 Electric generating plant

629 Laboratory/science lab

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

936 Vacant lot

938 Graded/care for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

981 Construction site

984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 960

Street, Other

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

 Check This Box if same address as incident location. Then skip the three duplicate address lines.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Zip Code								

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
K2 Owner

Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

 Check this box if same address as incident location. Then skip the three duplicate address lines.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Zip Code								

L Remarks

Local Option

E12 was dispatched on a still to 2512 Lindbergh Blvd. for a vehicle that had lost the gas tank. Upon arrival on scene, E12 found a Ford f-150 across the street from 2512 and it was leaking gasoline. E12 personnel applied oil dry to the spilled gas and placed "stop" leak on the tank to prevent more fuel leaking. Tuxhorn tow service arrived shortly after and E12 waited for the tow company to remove the vehicle, then E12 removed the used oil dry from the road and gutter.

03/15/2008 05:03:28 AM [REDACTED]**L Authorization**

Officer in charge ID

[REDACTED]

Signature

Position or rank

Assignment

Month

Day

Year

Check Box if same as Officer in charge.

Member making report ID

[REDACTED]

Signature

Position or rank

Assignment

Month

Day

Year

A	FDID SB111 *	State IL *	Incident Date 3 14 2008 *	Station 12	Incident Number [REDACTED] *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
----------	---------------------	-------------------	--	-------------------	-------------------------------------	-----------------------	--	---

B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People 3	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID E12 Type 11	Dispatch <input checked="" type="checkbox"/> 3 14 2008 19:56 Arrival <input checked="" type="checkbox"/> 3 14 2008 20:04 Clear <input checked="" type="checkbox"/> 3 14 2008 20:37	<input checked="" type="checkbox"/>	3	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 ID <input type="text"/> Type <input type="text"/>	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Type of Apparatus or Resources <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other </div> <div style="width: 45%;"> <p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other </div> </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> More Apparatus? Use Additional Sheets </div>
NFIRS-9 Revision 11/17/98	

A SB111 IL 3 14 2008 12 [Redacted] 000
 FDID * State * Incident Date * Station Incident Number * Exposure *
 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Date and Times
 Check if same as alarm date
 Use codes listed below Month Day Year Hours/mins
 Sent Number of * People Use
 Check ONE box for each apparatus to indicate its main use at the incident.
 Actions Taken
 List up to 4 actions for each apparatus and each personnel.

1 ID E12 Dispatch 3 14 2008 19:56
 Arrival 3 14 2008 20:04
 Type 11 Clear 3 14 2008 20:37
 Sent 3
 Suppression
 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
9145	Fletcher, Brandon	FFE	X				
9166	Albrecht, Jonathan	FFE	X				
9824	Davis, Byrd	CP	X				

2 ID [] Dispatch [] [] [] []
 Arrival [] [] [] []
 Type [] Clear [] [] [] []
 Sent []
 Suppression
 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

[] ID [] Dispatch [] [] [] []
 Arrival [] [] [] []
 Type [] Clear [] [] [] []
 Sent []
 Suppression
 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

SB111
FDID

IL
State

3 14
Incident Date

2008

12
Station

[REDACTED] 1
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
------	-------------	--------------	--------------	--------------

E12 Engine 12	19:56:00	19:56:00	20:04:00	20:37:00
---------------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
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9145	[REDACTED]	Hazardous Condit	Firefighter	
9166	[REDACTED]	Hazardous Condit	Firefighter	
9824	[REDACTED]	Hazardous Condit	Captain	

SB111 FDID *	IL State *	MM 3	DD 14	YYYY 2008	12 Station	08-0003131 Incident Number *	000 Exposure *	Responding Personnel	
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
9145 [REDACTED]	E12	HAZC Hazardous Condition		FFE		0.68	0.00	0.00
9166 [REDACTED]	E12	HAZC Hazardous Condition		FFE		0.68	0.00	0.00
9824 [REDACTED]	E12	HAZC Hazardous Condition		CP		0.68	0.00	0.00

Total Participants: 3

Total Personnel Hours: 2.04

An 'X' next to the unit denotes driver.

CJG1UPRNP
DATE 5/10/10
TIME 10:54:39

NEWPORT POLICE DEPARTMENT

INITIAL COMPLAINT REPORT
109900246

DATE/TIME REPORTED: 2/06/09 6:35:36 DISPATCHER: SMMORIS
DATE/TIME STAMP: 2/06/09 6:36:23 ENTERED BY: SMMORIS

LOCATION OF INCIDENT: [REDACTED] GRID:
NEWPORT, MN [REDACTED]

INCIDENT RECEIVED BY: 911 EMERGENCY

OFFICERS ASSIGNED: 397 BRODIN
5125 NEWPORT FIRE
5126 NEWPORT FIRE
5135 NEWPORT FIRE
5137 NEWPORT FIRE

NAMES ASSOCIATED WITH THIS INCIDENT: ANON

PHONE: (H) (W)
SEX: DOB:
ASSOCIATION: COMPLAINANT

FIRE
SOMETHING ON FIRE
XFRD TO STATE CB 651 399 9233

TIMOTHY WAYNE NELSON
1523 4TH ST N
SOUTH ST PAUL, MN 55075
PHONE: (H) (W)
SEX: M DOB: 4/26/1967
ASSOCIATION: OTHER

OWNER OF MN PLATE PL992

OFFICER COMMENTS:

ON 2-6-2009 AT 636 HOURS, I RECEIVED A CALL OF A FIRE ON THE 397 2/06/
WAKOTA BRIDGE JUST WEST OF HIGHWAY 61. I ARRIVED AND FOUND 397 2/06/
MN PLATE PL992 PARKED ON THE SIDE OF THE ROAD. THE R/O 397 2/06/
NELSON WAS STANDING NEXT TO HIS VEHICLE. I ASKED NELSON IF 397 2/06/
HE HAD SEEN ANY FIRE. NELSON SAID THAT THERE WAS NO FIRE. 397 2/06/
NELSON SAID THAT HE WAS DRIVING ACROSS THE BRIDGE WHEN HE 397 2/06/
HIT A BUMP AND HIS GAS TANK CAME LOOSE SPILLING GAS OVER 397 2/06/
I-494. I HAD NEWPORT FIRE COME FOR A WASH DOWN DUE TO THE 397 2/06/
LARGE AMOUNT OF GAS THAT HAD SPILLED. AT THE REQUEST OF 397 2/06/
NELSON I CALLED A TOW TRUCK FOR NELSON TO TOW HIS TRUCK OFF 397 2/06/
I-494 I BLOCKED TRAFFIC WHILE NEWPORT FIRE CLEANED UP THE 397 2/06/
SPILL. 397 2/06/
CLEAR 397 2/06/

CLASSIFIED AS: FIRE CALLS 9037
OFFICERS ASSIST 9040

CJG1UPRNP
DATE 5/10/10
TIME 10:54:39

NEWPORT POLICE DEPARTMENT

INITIAL COMPLAINT REPORT
109900246

DATE/TIME REPORTED:	2/06/09	6:35:36	DISPATCHER:	SMMORIS
DATE/TIME STAMP:	2/06/09	6:36:23	ENTERED BY:	SMMORIS

CJGLUPRNP
DATE 5/10/10
TIME 10:54:39

NEWPORT POLICE DEPARTMENT

INITIAL COMPLAINT REPORT
109900246

DATE/TIME REPORTED: 2/06/09 6:35:36 DISPATCHER: SMMORIS
DATE/TIME STAMP: 2/06/09 6:36:23 ENTERED BY: SMMORIS

BCA RESPONSE: 109/02/06 7:44:10 UJH
TO: WCZMDT-00402731 20090206 07:44:10 0FDC06252B
FROM: A36MPQ41-01989356 20090206 07:44:09 0FDC01AAFF
TXT
LIC/PL992. LIY/09. LIT/PU.
NAM/NELSON, TIMOTHY WAYNE. *RECORD DISSEMINATION RESTRICTED*
SNM/1523 4TH ST N. CTY/SO ST PAUL. STA/MN. ZIP/55075.
VIN/1FTZX18W6WN [REDACTED]. VYR/98. VMA/FORD. VCO/BLU/BLU.
VWT/021350. VMO/LGT CONVTNL F,3C
EXM/MAY. DOB/19670426. STICKER:J1754263.

TO: WCZMDT-00402732 20090206 07:44:10 0FDC06252C
FROM: A36MPQ41-01989357 20090206 07:44:09 0FDC01AAFF

*
*
*
*
TXT
NAM/NELSON, TIMOTHY WAYNE. *RECORD DISSEMINATION RESTRICTED*
SNM/1523 4TH ST N. CTY/SO ST PAUL. STA/MN. ZIP/55075.
SEX/M. DOB/19670426. HGT/601. WGT/250. EYE/HZL. DISABILITY CERTIFICATE
S:N
OLN/[REDACTED]. OLT/1. CLS/D. EXP/042610
STATUS:VALID DONOR:N DESIGNATED CAREGIVER:N
PHOTO:6691109023.ISU/041906.DNR TRAINING=FIREARM:N, SNOWMOBILE:N

TO: WCZMDT-00402733 20090206 07:44:11 0FDC06252D
FROM: MNHOT3-12663627 20090206 07:44:09 0FDC01AAFF
NO HIT WANTED PERSON FILE
QDW ORI/MN0820400.NAM/NELSON, TIMOTHY WAYNE.DOB/19670426.

TO: WCZMDT-00402734 20090206 07:44:12 0FDC06252E
FROM: NCIC1-11635827 20090206 07:44:10 0FDC01AAFF
[REDACTED]
MN0820400
NO RECORD LIC/PL992 LIS/MN

TO: WCZMDT-00402735 20090206 07:44:13 0FDC06252F
FROM: NCIC1-11635831 20090206 07:44:11 0FDC01AAFF
[REDACTED]
MN0820400

***MESSAGE KEY QW SEARCHES WANTED PERSON FILE FELONY RECORDS REGARDLES
S OF
EXTRADITION AND MISDEMEANOR RECORDS INDICATING POSSIBLE EXTRADITION FR
OM THE
INQUIRING AGENCY'S LOCATION. ALL OTHER NCIC PERSONS FILES ARE SEARCHE
D

CJG1UPRNP
DATE 5/10/10
TIME 10:54:39

NEWPORT POLICE DEPARTMENT

INITIAL COMPLAINT REPORT
109900246

DATE/TIME REPORTED: 2/06/09 6:35:36 DISPATCHER: SMMORIS
DATE/TIME STAMP: 2/06/09 6:36:23 ENTERED BY: SMMORIS

WITHOUT LIMITATIONS.

MKE/WANTED PERSON

B - LIMITED EXTRADITION SEE MIS FIELD

ORI/NM0200101 NAM/NELSON, JOHN SEX/M RAC/W POB/KS DOB/19670426

HGT/507 WGT/145 EYE/BLU HAI/BLN FBI/736427DA4

SMT/TAT UR ARM

FPC/17080360091210101310 SOC/495861611

OLN/K00886965 OLS/KS OLY/2007

OFF/CONDIT RELEASE VIOLATION

OOC/TRAFFIC OFFENSE

DOW/19981027 OCA/M40MR9800692

WNO/M40MR9800692

VLD/20081031

MIS/EXTR/NM ONLY WE WILL EXTRADITE NM ONLY WNO M40MR9800692 FOR FTF 0
RIG CHG

MIS/INSPECTION REPAIR AND MAINTNEANCE ISSUED BY JUDGE J BRONSON MOORE
BOND 449

MIS/CASH

DNA/N

ORI IS TUCUMCARI PD 575 461-2280

NIC/W182798483 DTE/20070730 1859 EDT

IMMED CONFIRM WARRANT AND EXTRADITION WITH ORI



OCT 20 2009

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

U.S. Department of Transportation

National Highway Traffic Safety Administration

FOR AGENCY USE ONLY 100148

Date Received

22-SEP-2009

Repository

Reference No.
10284941

OWNER INFORMATION (Type or Print)

Name

Address

City

DEEP WATER

State

MO

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2FTZX17W3WC

Make

FORD

Model

F150

Model Year

1998

Date Purchased

8-28-03

Dealer's Name and Telephone Number

GREGG SMITH FORD

Engine:

No: Cylinders

Fuel Type:

GAS

Original Owner

Dealer's City

CLINTON

State

MO

Zip Code

8

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

09-SEP-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE

Failure Mileage

140000

Failure Speed

25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM9ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

VM-THE CONTACT OWNS A 1998 FORD F-150. THE CONTACT WAS DRIVING APPROXIMATELY 25 MPH ON NORMAL ROAD CONDITIONS. SUDDENLY, THERE WAS A LOUD CLUNKING NOISE OUTSIDE OF THE VEHICLE. THE NOISE SOUNDED AS THOUGH AN OBJECT WAS DRAGGING ON THE GROUND. THE DRIVER PULLED OVER TO THE SIDE OF THE ROAD AND INSPECTED UNDERNEATH THE VEHICLE. THE FUEL TANK DISENGAGED FROM THE VEHICLE. THE ROADSIDE ASSISTANCE WAS CALLED TO THE SCENE. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC FOR INSPECTION. THE FAILURE WAS CONTRIBUTED TO THE FUEL TANK SUPPORT STRAPS. THE TECHNICIAN REPLACED THE FUEL TANK AND FUEL TANK STRAPS. THE CONTACT HAD CONCERN OF THE SAFETY RISK INVOLVED. THE FAILURE AND CURRENT MILEAGES WERE 140,000. THE VIN WAS UNAVAILABLE AT THE TIME OF FILING THE SAFETY COMPLAINT FORM. JS

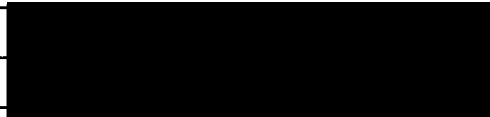
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I HAVE THE BROKEN SUPPORT STRAPS.
REPAIR WAS MADE WITH A NEW TANK & SUPPORT STRAPS
THERE IS A LOT OF THIS STYLE VEHICLE STILL OUT ON THE
ROAD. I THINK THIS SHOULD BE CHECK INTO



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

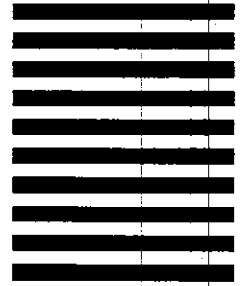
National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



AUTO REPAIR ORDER

**RICK'S AUTO BODY,
PAINT & REPAIR
812 SE 1051 RD
DEEPWATER MO 64740
660-438-3476**

NAME	[REDACTED]
ADDRESS	[REDACTED]
CITY, STATE	[REDACTED]

QUAN.	PART NO.	NAME OF PART	PRICE	CUSTOMER'S INFORMATION		
				DATE 9-21-09	CUSTOMER'S ORDER NO.	WHEN PROMISED
		Tank	288.00	YEAR • MAKE • MODEL 98 F-150	SERIAL NO.	[REDACTED]
		Strap Assy	60.00	LICENSE NO.	ODOMETER 14890	MOTOR NO.
		Fuel Filter	10.00		140580	WRITTEN BY Rick Schmitt
		GAS	12.00	<input type="checkbox"/> LUBE <input type="checkbox"/> OIL CHANGE <input type="checkbox"/> FLUSH TRANS. <input type="checkbox"/> FLUSH DIFF. <input type="checkbox"/> WASH <input type="checkbox"/> POLISH		
			316.00	Replace Fuel Tank & Straps		
				84.00		
		Price Check				
TOTAL PARTS				GAS, OIL & GREASE	ACCESSORIES	LABOR ONL
				GALS. GAS		84.00
				QTS. OIL		316.00
				LBS. GREASE		
MECHANICS RECOMMENDATIONS				TOTAL GAS OIL & GREASE		
				<input type="checkbox"/> RETAIN PARTS	TOTAL ACCESSORIES	
				<input type="checkbox"/> DESTROY PARTS		TAX
ESTIMATE AMOUNT • PARTS & LABOR				AUTHORIZED BY		TOTAL
						440.00

HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH THE NECESSARY MATERIAL AND HEREBY WARRANT AND/OR EMPLOYEES PER MISSION TO OPERATE THE CAR, TRUCK OR VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON ABOVE CAR, TRUCK OR VEHICLE TO SECURE THE AMOUNT OF REPAIRS HERETO.

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

TEARDOWN ESTIMATE: I UNDERSTAND THAT MY CAR WILL BE REASSEMBLED WITHIN _____ DAYS OF THE DATE SHOWN. I CHOOSE NOT TO AUTHORIZE THE SERVICES RECOMMENDED.

1. I request an estimate on items you can do on repairs.
2. Please proceed with repairs but call me before continuing if the price will exceed \$_____.
3. I do not want an estimate.



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

FEB 04 2011
14-SEP-2010

Repository []

Reference No.
10355563

OWNER INFORMATION (Type or Print)

Name, Address, City (PONTIAC), State (MI), Zip Code

Daytime Telephone Number, Evening Telephone Number, E-mail Address

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number (2FTZX18W2W), Make (FORD), Model (F150), Model Year (1998), Date Purchased (2000), Dealer's Name (Brighton Ford), Engine (8), Fuel Type (Reg), Original Owner, Dealer's City (Brighton), State, Zip Code, Transmission Type (Auto), Antilock Brakes, Cruise Control, Powertrain, Multiple Failure, Incident Date (02-SEP-2010)

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 090000 FUEL SYSTEM, OTHER, 071120 FUEL SYSTEM, GASOLINE: STORAGE: TANK ASSEMBLY: MOUNTING, Failure Mileage (130000), Failure Speed (0)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make, Tire Model (Name or Number), Tire Size (Example P215/65R15), DOT No. (Example: DOTM9ABC036), Original Equipment, Prior Repair, Failure Location, Tire Component Code, Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make, Date Manufactured, Model No./Name, Seat Type, Installation System, Child Seat Component Code, Failed Part

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash (Yes [], No [X]), Fire (Yes [], No [X]), Number of Persons Injured, Number of Deaths, Reported to Police (N)

Narrative Description of Incident(S), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 1998 FORD F150. THE CONTACT PERFORMED REPAIRS ON THE VEHICLE AND WHEN REPLACING THE REAR BRAKE PADS, HE DETECTED THAT THE FUEL TANK STRAPS EXHIBITED RUST CORROSION. THE VEHICLE WAS NOT BEN DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS 130,000.

Replaced Fuel TANK straps that were Rusted through.

Include, if available: Police/Fire Department Report Number

ATTACH ADDITIONAL SHEETS IF NECESSARY

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
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
27-SEP-2010	Reference No. 10357828

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	[REDACTED]
City	CAPE CORAL	State	FL	Zip Code	[REDACTED]
				Evening Telephone Number	[REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2FTDX18WXV[REDACTED]	FORD	F-150	1997
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s) 16-MAR-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 090000 FUEL SYSTEM, OTHER, 071120 FUEL SYSTEM, GASOLINE: STORAGE: TANK ASSEMBLY: MOUNTING	Failure Mileage 130000	Failure Speed 30
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

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 Deaths	Reported to Police N
--	---	---------------------------	------------------	-------------------------

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 1997 FORD F150. THE CONTACT WAS DRIVING 30 MPH WHEN THE FUEL TANK STRAPS FRACTURED FROM THE VEHICLE DUE TO RUST. THE FAILURE CAUSED THE FUEL TANK TO SEPARATE FROM UNDER THE VEHICLE EXHIBITING AN ABNORMALLY LOUD NOISE. THE CONTACT MOVED THE VEHICLE FROM THE ROADWAY AND NOTICED THE FUEL STRAPS HANGING FROM UNDER THE VEHICLE. THE VEHICLE WAS TOWED TO A LOCAL MECHANIC SHOP WHERE THE FUEL STRAPS WERE WELDED, WHICH LASTED APPROXIMATELY ONE YEAR BEFORE THE FAILURE RECURRED. THE DEALER WAS CONTACTED STATING THAT THERE WERE NO RECALLS ON THE VEHICLE. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT CONTACTED. THE FAILURE MILEAGE WAS 130,000 AND THE CURRENT MILEAGE WAS 187,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received MAR 21 2011
29-SEP-2010

Repository []
Reference No. 10358319

OWNER INFORMATION (Type or Print)

Name, Address, City (GAYLORD), State (MI), Zip Code

Daytime Telephone Number, E-mail Address

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number (1FTDX1866VN), Make (FORD), Model (F150), Model Year (1997), Date Purchased (2003), Dealer's Name and Telephone Number, Engine: 4.6L, No: Cylinders (8), Fuel Type, Original Owner, Dealer's City, State, Zip Code, Transmission Type (Auto), Antilock Brakes, Cruise Control, Powertrain, Multiple Failure, Incident Date(s) (03-SEP-2010)

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 070000 FUEL SYSTEM, GASOLINE, 071120 FUEL SYSTEM, GASOLINE: STORAGE: TANK ASSEMBLY: MOUNTING, Failure Mileage (190000), Failure Speed (55)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make, Tire Model (Name or Number), Tire Size (Example P215/65R15), DOT No. (Example: DOTM9ABC036), Original Equipment, Prior Repair, Failure Location, Tire Component Code, Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make, Date Manufactured, Model No./Name, Seat Type, Installation System, Child Seat Component Code, Failed Part

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash (Yes/No), Fire (Yes/No), Number of Persons Injured, Number of Deaths, Reported to Police (N)

Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1997 FORD F-150. THE CONTACT STATED THAT THE FUEL TANK FELL OFF THE VEHICLE WHILE TRAVELING 55 MPH ON THE HIGHWAY. THE VEHICLE WAS TOWED TO A REPAIR SHOP WHERE THE CONTACT WAS INFORMED THAT THE FUEL TANK STRAP FAILED, CAUSING THE TANK TO DETACH. THE VEHICLE WAS REPAIRED. THE CURRENT AND FAILURE MILEAGES WERE APPROXIMATELY 190,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Traveling down highway and gas tank fell off.
There was some fuel leakage. It was a very
heavy rainfall when this occurred; otherwise, I fear
sparks could have ignited the fuel.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



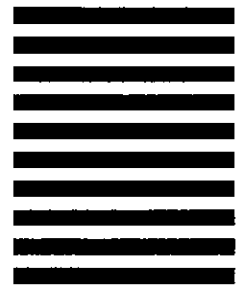
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UNITED STATES**

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FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



**If so:
Use the enclosed
form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owners' Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration





U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

15-OCT-2010

Repository

Reference No.
10360694

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City TOLEDO State OH Zip Code [Redacted]

Daytime Telephone Number

E-mail Address

Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make FORD Model F150 Model Year 1998

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 29-SEP-2010
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 070000 FUEL SYSTEM, GASOLINE, 071120 FUEL SYSTEM, GASOLINE: STORAGE: TANK ASSEMBLY: MOUNTING

Failure Mileage 135000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)

DOT No. (Example: DOTM9ABC036) Original Equipment Failure Location:
 Prior Repair

Tire Component Code Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:

Seat Type: Installation System:

Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No

Number of Persons Injured Number of Deaths Reported to Police N

Narrative Description of Incident(S), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1998 FORD F150. THE CONTACT STATED THAT HE REFUELED THE VEHICLE AND PARKED IT AT HIS RESIDENCE. THE FOLLOWING MORNING, THE FUEL TANK HAD FRACTURED AND WAS SITTING ON THE GROUND DIRECTLY UNDER THE VEHICLE. UPON FURTHER INSPECTION, HE DISCOVERED THAT THE FUEL TANK BELT WAS CORRODED. THE CONTACT REPLACED THE FUEL TANK BELT. THE VIN WAS NOT AVAILABLE. THE FAILURE AND THE CURRENT MILEAGE WAS 135,000.

DEC 3 0-2010

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

MAR 8 2011
04-MAR-2011

Repository

Reference No.
10386411

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: OAK CREEK State: WI Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:
Evening Telephone Number:

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTZX1767WN [REDACTED]
Make: FORD Model: F-150 Model Year: 1998
Date Purchased: 11-18-97 Dealer's Name and Telephone Number: VENUS FORD Engine: No: Cylinders 8 Fuel Type: GAS
Original Owner: Dealer's City: CUDAHY State: WI Zip Code: 53110
Transmission Type: AUTO Antilock Brakes: Cruise Control: Powertrain: 2 wheel DRIVE Multiple Failure: Incident Date(s): 15-FEB-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE CAUSING TANK FAILURE MILEAGE: 120000 FAILURE SPEED: 15
GAS TANK STRAPS RUSTED OFF, TO DROP + SPILL FUEL

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/65R15):
DOT No. (Example: DOTM9ABC036): Original Equipment Prior Repair Failure Location:
Tire Component Code: Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No Number of Persons Injured: Number of Deaths: Reported to Police: N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 1998 FORD F-150. WHILE DRIVING APPROXIMATELY 15 MPH, THE FUEL TANK FRACTURED FROM THE VEHICLE AND ONTO THE GROUND. THE VEHICLE WAS TOWED TO A LOCAL MECHANIC SHOP WHERE THE LOCAL MECHANIC REPLACED THE DEFECTIVE FUEL TANK. THE APPROXIMATE FAILURE MILEAGE WAS 120,000 AND THE CURRENT MILEAGE WAS 121,000.

GAS TANK STRAPS RUSTED THROUGH CAUSING TANK TO DROP. THE FALL CAUSED THE FILLER NECK TO BREAK OFF AND SPILL FUEL. REPLACEMENT PARTS + LABOR WAS \$936#

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



3018 S. Chicago Ave.
 South Milwaukee, WI 53172
 414-764-2030

"Service You Can Trust"

Visit us at
 www.girardsauto.com

Invoice #43159

Day Phone [REDACTED]

[REDACTED]
 Oak Creek WI [REDACTED]

Vehicle : 1998 Ford Truck F150 1/2 Ton - Pickup 4.6 L 281 CID V8
 VIN : 1FTZX1767WN [REDACTED]
 Created : 2/15/2011 11:13:34 AM
 Complete : 2/17/2011 9:15:04 AM
 Invoiced : 2/17/2011 9:19:00 AM

Tag/State [REDACTED]

Odometer In : 119801
 Odometer Out : 119801

Qty	Code/Tech*	Reference	Description	Condition	Unit Price	Price
1	XX*	TOW	TOW		\$45.00	\$45.00
			15TH AVE AND COLLEGE AVE-SO.MILW CLINIC			
1	FF*	LABOR	GAS TANK FELL OFF		\$0.00	\$0.00
1	-	ST-130	GAS TANK STRAPS		\$59.38	\$59.38
1	-	600-5398	GAS TANK FILLER NECK		\$171.10	\$171.10
1	-	F-44A	NEW GAS TANK		\$266.82	\$266.82
1	-	XS4Z9C52AA	FUEL TANK PRESSURE SENSOR		\$114.70	\$114.70
2.5	FF*	GUIDE	FUEL TANK - R&R	M	\$75.00	\$187.50
1	-	GASOLINE	GASOLINE		\$16.00	\$16.00

Note: M - Labor Database, Copyright, Mitchell International, All Rights Reserved

Labor	\$307.50	less discount : \$75.00	\$232.50
Parts			\$628.00
Sublet/Misc.			\$0.00
Shop Supplies			\$26.63
Charges			\$0.00
Sales Tax		Tax @ \$871.13 * 5.6000%	\$48.78
		Total Due	\$935.91

Tech _____ Certification # _____
 FF _____
 XX _____

Paul D. [Signature] 7348

I hereby authorize the above repair work to be done along with the necessary materials and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose of testing and/or inspection. And express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. 12 month or 12,000 mile warranty, whichever occurs first, unless noted otherwise on this invoice

* Authorized by _____ Date _____ Time _____

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

MAY 04 2011
13-APR-2011

Repository

Reference No.

10395767

OWNER INFORMATION (Type or Print)

Name		
Address		
City	State	Zip Code
LORAIN	OH	

Business Telephone Number

E-mail Address

Home Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTZX1725X		Make FORD	Model F150	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 07-APR-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage 101014	Failure Speed 10
--	---------------------------	---------------------

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

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 Deaths	Reported to Police N
--	---	---------------------------	------------------	-------------------------

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1999 FORD F150. WHEN THE CONTACT ATTEMPTED TO SLOW DOWN FOR A TRAFFIC LIGHT THE FUEL TANK SEPARATED FROM THE VEHICLE. THE VEHICLE WAS TOWED TO THE DEALER WHO PERFORMED A DIAGNOSTIC TEST AND CONFIRMED THAT THE GASOLINE TANK STRAPS WERE CORRODED. THE VEHICLE WAS REPAIRED. THE DEALER REPLACED THE GASOLINE TANK, STRAPS, AND HOSES. THE FAILURE AND THE CURRENT MILES WERE 101,014.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

May 14, 2011



Total parts replacement

	\$563.94
Tow	50.00
	<u>613.94</u>
	- 15.13

I counted this one twice sorry

ATTACH ADDITIONAL SHEETS IF NECESSARY

total 598.81

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

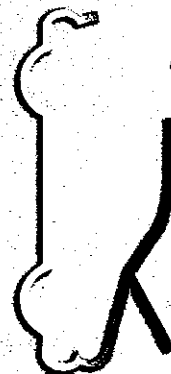
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-210 1200 New Jersey Avenue SE. Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

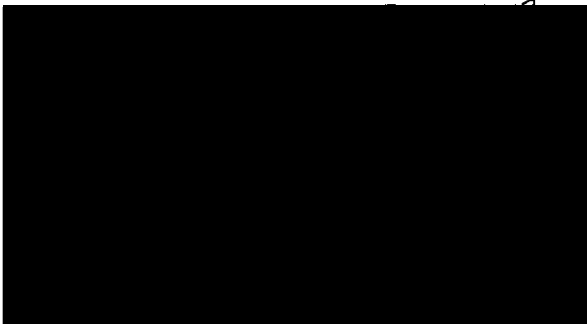
or call:

Vehicle Safety Hotline 888-327-4236



Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration

We were driving our truck, approaching a red light going to turn left to go to Denny's. We were slowing at the red light, when the truck gas tank fell off. We thought it was the muffler, as we had heard a similar dragging sound when in a vehicle whose muffle came unseated, so we turned and pulled into the restrant. When we got out of the truck we were shocked to find that the gas tank was under the truck. We made arrangements with denny's manager to come back for it. The next day we went to see how hard it would be to fix. There was no way to repair the truck in the parking lot, because the straps had to be ordered, and in since we could not leave it there for long, we cut the gas lines, jacked the truck, pulled out the tank and put it in the back of the truck then called and had it towed home. 50 dollars for the tow. We ordered new straps, we went to put them on and found the time the tank was sitting while we waited for them to be ordered, allowed the tiny puncture in the tank to become obvious. We ordered a new tank. They were both the wrong ones so we returned them and tried again. This time we ordered the tank and the straps. We also had to buy new gas lines to replace the ones that were cut to move the truck. That was ford's fault too as far as I am concerned. Nobody's truck breaks down in the ford dealership, it would have had to been cut to be moved no matter where it had happened, unless it had happened in our drive way, which it did not. We were moving when it happened, myself, my husband, and my two sons were all in the vehicle going out for a late dinner. I want reimbursed for the tow, and all the parts, and they can throw in a tank of gas too, since our tank was just filled when this had happened, the weight of a full tank was too much for the pathetic straps. We did the repairs ourselves, saving us untold cost, as we could barely afford to dish out the \$500.00 it cost for the parts. Thank heavens my husband and his brother are handy with vehicles. This is how it happened, I am not sure why the person at nhtsa said we took it to the dealership to be repaired, we did not, nor could we afford to, especially after calling ford they made sure to tell us that they were not going to pay for it because there was no recall at this time.



May 14, 2011

Total
parts
replacement

TOW \$ 563.94
50.00

613.94
- 15.13

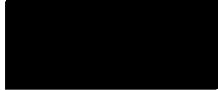
598.81



STORE PHONE # 440 233-8700
 REMIT TO: PO BOX 790099
 ST LOUIS MO 63179-0099

OFFICE P.O. BOX 1156, SPRINGFIELD, MO. 65801
 PHONE (417) 862-3333

BILL TO 939990 SHIP TO



INVOICE NUMBER



INVOICE TYPE

CASH REFUND

INVOICE DATE

4/09/11

COUNTER NO.	SPECIAL INSTRUCTIONS	SHIP VIA	CUSTOMER ORDER NO.	TIME OF ORDER	FILLED BY	CHECKED BY							
38767				15:09:44									
TAX	R C	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE	
			F150	PICKUP WA-258	4.21								
			GT	F45B	EA		GAS TANK	406.76	239.99			239.99	
VEHICLE INFORMATION AVAILABLE													
			GT	F45B	EA		GAS TANK	406.76	200.99			200.99	
			FRT	FREIGHT	EA		GT FREIGHT	406.76	46.21			46.21	
***** RETURN AUTHORIZATION ***** MGR OK- ***													
*** ORIGINAL INVE# 003311-101509 RETURN - OVERRIDE ORIG SE#- ***													
TOTALS								406.76	7.21			7.21	
CUSTOMER SIGNATURE								CASH TEND.				MISC.	4.45
								CHANGE				TAX/FEES	7.66
												TOTAL	7.66

*first tank returned
 second tank (the correct one)
 store gave us straps so second tank for free*

ALL MERCHANDISE RETURNED MUST BE ACCOMPANIED BY THIS INVOICE Visit Us At: www.oreillyauto.com



STORE PHONE # 440 233-8700
 REMIT TO: PO BOX 790099
 ST LOUIS MO 63179-0099

OFFICE P.O. BOX 1156, SPRINGFIELD, MO. 65801
 PHONE (417) 862-3333

BILL TO 939990 SHIP TO



INVOICE NUMBER



INVOICE TYPE

CMB. CARD SALE

INVOICE DATE

4/09/11

COUNTER NO.	SPECIAL INSTRUCTIONS	SHIP VIA	CUSTOMER ORDER NO.	TIME OF ORDER	FILLED BY	CHECKED BY							
3874				15:20:54									
TAX	R C	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE	
			1	PICKUP F-SEA					200.99			200.99	
			1	GT F45B	EA		PICKUP F-SEA		46.21			46.21	
			1	FRT FREIGHT	EA		GT FREIGHT		46.21			46.21	
CREDIT CARD MASTER CARD 7496 EXPIRATION DATE XX/XX AUTHORIZATION 606297													
TOTALS								200.99	247.20			247.20	
CUSTOMER SIGNATURE								CASH TEND.				MISC.	15.45
								CHANGE				TAX/FEES	262.65
												TOTAL	262.65

first tank purchased

ALL MERCHANDISE RETURNED MUST BE ACCOMPANIED BY THIS INVOICE Visit Us At: www.oreillyauto.com

Total 254.99

O'Reilly AUTO PARTS

PROFESSIONAL PARTS PEOPLE

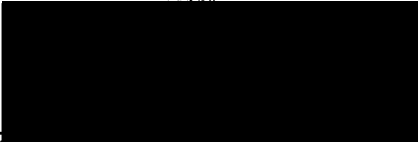


OFFICE P.O. BOX 1156, SPRINGFIELD, MO. 65801
PHONE (417) 862-3333

STORE PHONE # 440 233-8700
REMIT TO: PO BOX 790090
ST LOUIS MO 63179-0090

BILL TO

SHIP TO



INVOICE NUMBER
INVOICE TYPE
INVOICE DATE

CHG. CARD SALE

4/05/11

COUNT. NO.	SPECIAL INSTRUCTIONS	SHIP VIA	CUSTOMER ORDER NO.	TIME OF ORDER	FILLED BY	CHECKED BY						
19721				12:01:46								
TAX	R	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE
T		1	ALI	210733	EA		GAS CON	22.00	12.99			12.99
T		1	MSD	33595	EA		FUEL FILTER	13.54	7.99			7.99
T		1	SPN	10800	EA		SIPHON PUMP	5.92	3.42			3.42
CREDIT CARD - MASTER CARD 7496 EXPIRATION DATE - XX/XX AUTHORIZATION - 487663												
TOTALS								24.47				24.47
CUSTOMER SIGNATURE												
***ALL MERCHANDISE												

Visit Us At: www.oreillyauto.com

O'Reilly AUTO PARTS

PROFESSIONAL PARTS PEOPLE



OFFICE P.O. BOX 1156, SPRINGFIELD, MO. 65801
PHONE (417) 862-3333

STORE PHONE # 440 233-8700
REMIT TO: PO BOX 790090
ST LOUIS MO 63179-0090

BILL TO

SHIP TO



INVOICE NUMBER
INVOICE TYPE
INVOICE DATE

CHG. CARD SALE

4/02/11

COUNT. NO.	SPECIAL INSTRUCTIONS	SHIP VIA	CUSTOMER ORDER NO.	TIME OF ORDER	FILLED BY	CHECKED BY						
25956				14:47:58								
TAX	R	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE
T		1	MHC	MP552AW	CD		HOSE CLAMP	3.90	2.29			2.29
T		1	MHC	MP6203V	CD		HOSE CLAMP	5.07	2.99			2.99
CREDIT CARD - MASTER CARD 7496 EXPIRATION DATE - XX/XX AUTHORIZATION - 816612												
TOTALS								5.28				5.28
CUSTOMER SIGNATURE												
***ALL MERCHANDISE												

Visit Us At: www.oreillyauto.com

total 31.61

first straps purchased

O'Reilly AUTO PARTS

PROFESSIONAL PARTS SERVICE



OFFICE P.O. BOX 1156, SPRINGFIELD, MO. 65801
PHONE (417) 862-3333

STORE PHONE: 440 833-8700
REMIT TO: PO BOX 790028
ST LOUIS MO 63179-0028

BILL TO [REDACTED] SHIP TO [REDACTED]

INVOICE NUMBER [REDACTED]
INVOICE TYPE [REDACTED]
INVOICE DATE [REDACTED]

COUNTER NO.	SPECIAL INSTRUCTIONS	SHIP VIA	CUSTOMER ORDER NO.	TIME OF ORDER	FILLED BY	CHECKED BY						
12350												
TAX	R	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE
				CREDIT CARD MASTER CARD 7496			EXPIRATION DATE XX/XX AUTHORIZATION 51577					
TOTALS											37.99	37.99
SUB-TOTAL												37.99
MISC.												2.37
TAX/FEES												40.36
TOTAL												40.36

O'Reilly AUTO PARTS

PROFESSIONAL PARTS SERVICE



OFFICE P.O. BOX 1156, SPRINGFIELD, MO. 65801
PHONE (417) 862-3333

STORE PHONE: 440 833-8700
REMIT TO: PO BOX 790028
ST LOUIS MO 63179-0028

BILL TO [REDACTED] SHIP TO [REDACTED]

INVOICE NUMBER [REDACTED]
INVOICE TYPE [REDACTED]
INVOICE DATE [REDACTED]

COUNTER NO.	SPECIAL INSTRUCTIONS	SHIP VIA	CUSTOMER ORDER NO.	TIME OF ORDER	FILLED BY	CHECKED BY						
TAX	R	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE
				TANK STRAPS				44.99	37.99			37.99
CREDIT CARD MASTER CARD 7496 EXPIRATION DATE XX/XX AUTHORIZATION 20362												
***** RETURN AUTHORIZATION *****												
*** ORIGINAL INVOICE 001211181370 ***												
TOTALS											37.99	37.99
SUB-TOTAL												37.99
MISC.												0.00
TAX/FEES												0.00
TOTAL												37.99

first straps returned

ALL MERCHANDISE RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

Visit Us At: www.oreillyauto.com

Total 0.00



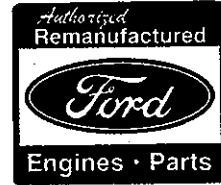
Ext. 2360

Ext. 2960

INTERSTATE 90 AT DETROIT ROAD (EXIT 148)
P.O. BOX 844 LORAIN, OHIO 44052

PARTS HOT LINE
(440) 934-6086

Cleveland: (440) 871-8072 Lorain: (440) 934-3673
Toll Free: (888) 227-7033 Elyria: (440) 365-9300



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RECEIVE

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THE SELLER, MIKE BASS FORD, INC./BASS GMC, INC., HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND MIKE BASS FORD, INC./BASS GMC, INC. NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE.

PHONE #

INV# 367495
CHARGE

NAME VMD101 M05 50 CP

PO# 199F150,4.2,157 MP031/477 Y27 04/07/11
Z27 14:06:14

COMP *	PART NUMBER	DESC	QTY	LIST	SELL	TOTAL
	ZL3Z9S278CA	*TUBE ASY -	1	222.60	222.60	222.60

Gas lines purchased

PA m/c R

SUBTOTAL 222.60

TAX 13.91

TOTAL LINES 1 INVOICE TOTAL 236.51

**NO CD TIRES? THINK MIKE BASS FORD! WE ARE COMPETITIVE! **

HOURS 7:30AM-8:00PM MON-FRI, 7AM-3PM SAT

PAGE 001 OF 001

NO RETURN ON ELECTRICAL PARTS

PARTS MUST BE RETURNED WITHIN 30 DAYS. • ALL RETURNS SUBJECT TO 20% HANDLING CHARGE.
NO REFUNDS WITHOUT THIS INVOICE. • NO RETURN ON SPECIAL ORDER PARTS.
THIS CHARGE IS DUE AND PAYABLE UPON RECEIPT OF MERCHANDISE. • NO OTHER DISCOUNTS APPLY.

Patel 236.31

CANARY = PARTS INVOICE-CUST. COPY

WHITE = PARTS INVOICE-ACCT. COPY

PINK = PARTS INVOICE-PARTS FILE COPY

THIS FORM PRINTED ON PREMIUM CARBONLESS PAPER. ON LINE COMPUTER INVOICING BY DCS

© 1991 ICF TO REORDER FORMS OR SUPPLIES CALL 1-800-999-6348 EXT 78214

O'Reilly AUTO PARTS

PROFESSIONAL CARE PEOPLE



OFFICE P.O. BOX 1156, SPRINGFIELD, MO. 65801
PHONE (417) 882-3333

STORE PHONE # 440 232-8700
REMIT TO: PO BOX 790039
ST LOUIS MO 63178-0039

BILL TO

SHIP TO

999999



INVOICE NUMBER

INVOICE TYPE

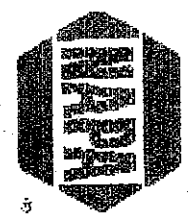
INVOICE DATE

CHG. CARD SALE

4/12/11

COUNTER NO.	SPECIAL INSTRUCTIONS	SHIP VIA	CUSTOMER ORDER NO.	TIME OF ORDER	FILLED BY	CHECKED BY						
75625				1413134								
TAX	R	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE
			5	GAT 27005	FT		FUEL HOSE	2.85	1.63			10.14
				CREDIT CARD-MASTER CARD 7494			EXPIRATION DATE XX/XX					
							AUTHORIZATION 185655					
TOTALS												
								17.15	10.14	SUB-TOTAL		10.14
CUSTOMER SIGNATURE												
CASH TEND.												
CHANGE												
MISC. TAX/FEES												
TOTAL												

Visit Us At: www.oreillyauto.com



NAPA AUTO PARTS OF LORAIN
440 244-1177
2325 PROUDMAN
LORAIN OHIO 44052

Emp 4 INVOICE# 664099 4/13/11 15:18

00000

Description	Qty	Net	Total
EXH PIPE CONNECT	1	5.49	5.49 T
EXH 41919			
GAS FILLER NECK	0.5	17.48	8.75 T
NET 1030			
Subtotal			14.24
Tax @ 25% OHIO SALES TAX			0.89

TOTAL DUE 15.13

REF BY CASH
REF BY VER BY
REF BY THE GOOD STUFF


This is the one I counted twice

Total 25.90

RECEIPT REQUIRED FOR RETURNS

WARRANTY INFORMATION AVAILABLE ON REQUEST

<< CUSTOMER COPY >>

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
	Date Received JUN 01 2011 09-MAY-2011		Repository <input type="checkbox"/> Reference No. 10399677	
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
BLOOMINGTON	IL			
<i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i>				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
2FTZF176XWC		FORD	F-150	1998
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
06.20.02	LOYS CAR CORNER • 217.732.1661		281-ci. 46L	
Original Owner	Dealer's City	State	No: Cylinders	
<input type="checkbox"/>	LINCOLN	IL	8	27 Regular
Zip Code	Transmission Type		Multiple Failure:	Incident Date(s)
62656	AUTO			09-MAY-2011
<input type="checkbox"/>	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		
<input checked="" type="checkbox"/> Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE			Failure Mileage	Failure Speed
			129000	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> Prior Repair			
Tire Component Code	Tire Failure Type:			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
APPLICABLE INCIDENT INFORMATION				
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>				
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).				
TL*THE CONTACT OWNS A 1998 FORD F-150. THE CONTACT NOTICED THE FUEL STRAP WHICH HELD THE FUEL TANK IN PLACE WAS RUSTED AND CORRODED. AN AUTHORIZED DEALER WAS NOTIFIED OF THE FAILURE BUT DID NOT PROVIDE ANY ASSISTANCE. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE THE CONTACT WAS ADVISED TO REPLACE THE STRAPS IN ORDER TO PREVENT THE TANK FROM POTENTIALLY DETACHING FROM THE VEHICLE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 129,000.				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY				
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 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
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

10-MAY-2011

Repository Reference No.
10399749

OWNER INFORMATION (Type or Print)

Name
Address
City MUNCIE State IN Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FTDX1721DN

Make FORD Model F-150 Model Year 1997

Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:

Original Owner Dealer's City State Zip Code

Transmission Type Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s)
15-JUN-2005

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE Failure Mileage 150000 Failure Speed 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)

DOT No. (Example: DOTMAL9ABC036) Original Equipment Prior Repair Failure Location:

Tire Component Code Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:

Seat Type: Installation System:

Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police
N

Narrative Description of Incident(S), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1997 FORD F-150. WHILE THE VEHICLE WAS PARKED THE CONTACT NOTICED THE FUEL TANK HAD DETACHED FROM THE VEHICLE. THE CONTACT TIED CORDS AROUND THE FUEL TANK AND WAS ABLE TO DRIVE THE VEHICLE HOME. THE CONTACT REPLACED THE STRAPS THAT SECURED THE FUEL TANK. THE VEHICLE WAS REPAIRED. THERE WAS AN OPEN INVESTIGATION UNDER NHTSA ACTION NUMBER EA11006(FUEL SYSTEM, OTHER:STORAGE:TANK ASSEMBLY FUEL SYSTEM, OTHER:STORAGE:TANK ASSEMBLY:MOUNTING FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:MOUNTING) THE APPROXIMATE FAILURE MILEAGE WAS 150,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

JUN 15 2011
10-MAY-2011

Repository

Reference No.
10399755

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]

City ALLEN PARK State MI Zip Code [Redacted]

Business Telephone Number [Redacted]
Home Telephone Number [Redacted]

E-mail Address

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2FTDF1725VC [Redacted]		Make FORD	Model F-150	Model Year 1997
Date Purchased 11-25-97	Dealer's Name and Telephone Number Village Ford (313) 565-3900		Engine: No. Cylinders 6	Fuel Type: Unleaded Gas
Original Owner <input type="checkbox"/>	Dealer's City Dearborn	State MI	Zip Code 48124	
Transmission Type Manual	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 07-MAY-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE	Failure Mileage 147008	Failure Speed
--	---------------------------	---------------

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

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 Deaths	Reported to Police N
--	---	---------------------------	------------------	-------------------------

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1997 FORD F-150. THE CONTACT NOTICED SOMETHING HANGING UNDERNEATH THE VEHICLE. THE VEHICLE WAS TAKEN TO A LOCAL MECHANIC WHO INSPECTED THE VEHICLE AND FOUND ONE OF THE FUEL TANK STRAPS WAS CORRODED. THE VEHICLE WAS REPAIRED. THE FAILURE AND THE CURRENT MILES WERE 147,008. Mechanic who inspected the vehicle said gas tank was rusting where fuel straps broke. Spare tire fell off due to cable failure.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Had to replace head gasket on right side due to antifreeze getting into it.

Date: 10-3-07

Milage: 112,000

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

METROPLEX MI 482

06 JUN 2011 PM 10 11

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-210 1200 New Jersey Avenue SE, Washington, D.C. 20077-9382



safercar.gov

Think your vehicle has a safety defect



If so: Use the enclosed form to file a report

or visit: www.safercar.gov

or call: Vehicle Safety Hotline 888-327-4236



Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

JUN 08 2011
11-MAY-2011

Repository []

Reference No.
10400039

OWNER INFORMATION (Type or Print)

Name, Address, City, State, Zip Code fields

Daytime Telephone Number, Evening Telephone Number, E-mail Address fields

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number, Make, Model, Model Year, Date Purchased, Dealer's Name and Telephone Number, Engine, Fuel Type, Original Owner, Dealer's City, State, Zip Code, Transmission Type, Antilock Brakes, Powertrain, Multiple Failure, Incident Date(s)

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE, Failure Mileage 182500, Failure Speed 20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make, Tire Model, Tire Size, DOT No., Original Equipment, Prior Repair, Failure Location, Tire Component Code, Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make, Date Manufactured, Model No./Name, Seat Type, Installation System, Child Seat Component Code, Failed Part

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash, Fire, Number of Persons Injured, Number of Deaths, Reported to Police

Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 1999 FORD F-150. THE CONTACT WAS DRIVING APPROXIMATELY 20 MPH WHEN HE HEARD A LOUD NOISE COMING FROM THE VEHICLE. HE THEN PULLED OVER AND NOTICED THAT THE FUEL TANK HAD DETACHED FROM THE VEHICLE. THE VEHICLE WAS THEN TOWED TO A DEALER AND THEY ADVISED HIM THAT THE STRAPS HAD RUSTED, CAUSING THE TANK TO DETACH. THE VEHICLE WAS REPAIRED FOR THE STRAPS AND THE FUEL TANK. THE MANUFACTURER WAS CONTACTED AND THEY ADVISED HIM THAT THERE WAS NO RECALL FOR THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 182,500. THE VIN WAS UNAVAILABLE.

See attached

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.

10400039

INVOICE

59404

INVOICE

Print Date : 05/09/2011

[Redacted]

1999 Ford - Pickup F150
 5.4L, V8, VIN (L)

Lic # [Redacted]

Odometer In : 182501

Westfield, MA [Redacted]

Unit # :

Vin # : 1FTRX17L0XN [Redacted]

Cust ID : 5738

Ref # :

Hat # :

Part Description / Number	Qty	Sale	Extended	Labor Description	Extended
FUEL TANK F44B	1.00	234.90	234.90	GAS TANK FELL OUT. TOWED OFF SPRINGDALE RD.	231.00
FUEL TANK STRAP F65Z-9054-DB	2.00	33.01	66.02	REPLACE GAS TANK, FUEL PUMP, VENT VALVE, STRAPS AND BREATHER VALVE.	
FUEL PUMP ASSEMBLY E2237S	1.00	316.78	316.78	GAS	20.00
VENT SENSOR XS4Z-9C052-AA	1.00	111.49	111.49		
VELT VALVE F65Z-9B593-DA	1.00	52.58	52.58		
FUEL LINE 27003	2.00	1.99	3.98	BROOKSIDE AUTO 231 UNION STREET WESTFIELD, MA 01085	

C O P Y
 05/09/2011 16:20:17
Sale :

Transaction # 4
 Card Type: MasterCard
 Acc: *****7548
 Exp. Date: **/**
 Entry: Swiped
 Amount: 1085.86

[Technicians : HERARD, JOHN]

Reference No.:

Org. Estimate \$0.00 Revisions \$0.00 Current Estimate \$ (

112920400726
 Auth.Code: 916632
 Response: APPROVAL 916632
 Sequence Number: 0010

Labor:	231.00
Parts:	785.75
Sublet:	20.00

Sub:	1,036.75
Tax:	49.11
Total:	1,085.86
Bal Due:	\$0.00

CUSTOMER COPY

THANK YOU

[Payments - MasterCard - \$1085.86]

I hereby authorize the above repair work to be done along with the ne
 permission to operate the car or truck herein described on street, high
 express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts is 30 days
 or 1,500 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

id/or your employees
 ing and/or inspection. An

SIGNATURE..... Date..... Time.....

Copy

10400039

AARP Roadside
PO 4440
Carol Stream, Illinois 60197

[REDACTED]
[REDACTED]
[REDACTED]
Westfield, MA

(C) [REDACTED]

Thursday, May 19, 2011

Road Service Reimbursement

Incident:

Date: May 6, 2011

Place [REDACTED] Westfield, MA 01085

Vehicle:

- Ford F150, 1999, PU/Truck
- Plate: 3749 PE (Mass)

1. Truck was in motion. Just filled gas tank dropped partially off truck, spilling gas on road.
2. D. Snyder Called 911.
3. D. Snyder Called AARP for towing.
4. Police and Fire Arrived.
5. (30/40 minutes later, AARP Towing had not arrived.)
6. Police insisted on calling Michaels Towing for immediate removal of truck/gasoline hazard.
7. D. Snyder Called AARP.
8. AARP cancelled their towing service.
9. AARP Towing called to say they were stuck in traffic.
10. Michaels Towing arrived and towed truck 2 miles to my garage.
11. Michaels' Driver talked to AARP operator. Informed her that Michaels Towing was under a Westfield City contract that required cash payment.
12. AARP operator authorized cash payment and directed [REDACTED] to submit the enclosed bill to AARP Roadside.

07/10 08/31/01
 MARLENE D. ORYDLER

10400039

5486-1400-5506-7548

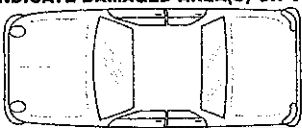
MICHAELS TOWING

AAR # 8808810579840



14 Clifton St
 Westfield, MA 01085
 P# (413) 568-8811
 F# (413) 568-8810

ROAD SERVICE

TIME OF CALL 2:00 A.M. P.M.	DATE IN 5/11	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY WPD	P.O. / CASE #	OFFICER NAME	
[REDACTED]					PHONE #			
CITY Westfield						STATE MA	[REDACTED]	
YEAR 99	MAKE/MODEL Ford F150	COLOR	ODOMETER	DRIVER				
MARKER PLATE # 27497E	STATE MA	VIN # 1FTLX17L0KWA	REGISTERED OWNER				[REDACTED]	
LOCATION OF VEHICLE Springdale Rd West								
TOWED TO Brookside								
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE	PHONE #			
RELEASED BY		DATE	PHONE #					
REASON FOR TOW		TYPE OF TOW		PERSONAL'S TAKEN BY		DATE	PHONE #	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> ABANDONED <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> NO START <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> FIRE LANE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> NO TRESPASS <input type="checkbox"/> TOW ZONE <input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/>		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		VEHICLE STORAGE TIME		FROM TO DAYS @ \$		
<input type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/>		<input type="checkbox"/> STATE POLICE <input checked="" type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		INDICATE DAMAGED AREA(S) ON VEHICLE: 		KEYS LEFT Y N RADIO Y N
METHOD OF PAYMENT				MILEAGE		TOWING CHARGE		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # <input checked="" type="checkbox"/> CREDIT CARD # EXP. DATE				FINISH		90 -		
CREDIT CARD #				START		MILEAGE		
AU DATE				TOTAL		LABOR		
X [REDACTED]				LABOR TIME		EXTRA PERSON		
DR DATE				FINISH		SPECIAL EQUIPMENT		
X [REDACTED]				START		STORAGE		
DR DATE				TOTAL		EXTRA PERSON		
X [REDACTED]				FINISH		CITY FEE 35 -		
DR DATE				TOTAL		SUBTOTAL		
X [REDACTED]				DRIVER # TRUCK #		TAX 5.85		
DR DATE				TOTAL		TOTAL 100.85		

18353

We cannot be responsible for damages caused by faulty tires, bumper brackets, etc.
 This company assumes no responsibility for loss or damage by theft, fire or any other
 cause beyond our control, to any vehicle placed with them for storage or repair.
 ©1999 AW Direct, Inc. **THANK YOU!**
 PRODUCT 8764



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

JUN 15 2011
12-MAY-2011

Repository []

Reference No.
10400598

OWNER INFORMATION (Type or Print)

Name, Address, City (JACKSONVILLE), State (IL), Zip Code

Daytime Telephone Number, E-mail Address

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number (1FTZF1728W...), Make (FORD), Model (F-150), Model Year (1998), Date Purchased (9-98), Dealer's Name and Telephone Number (Westown Ford 217-245-7101), Engine: No: Cylinders (6), Fuel Type (gas), Original Owner (checked), Dealer's City (Jacksonville), State (IL), Zip Code (62650), Transmission Type (auto), Antilock Brakes (checked), Cruise Control (checked), Multiple Failure, Incident Date(s) (19-NOV-2010)

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE
Fuel tank straps broken in half.
Failure Mileage: 178000
Failure Speed: 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make, Tire Model (Name or Number), Tire Size (Example P215/65R15), DOT No. (Example: DOTM9ABC036), Original Equipment (unchecked), Prior Repair (unchecked), Failure Location, Tire Component Code, Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make, Date Manufactured, Model No./Name, Seat Type, Installation System, Child Seat Component Code, Failed Part

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash (Yes/No), Fire (Yes/No), Number of Persons Injured, Number of Deaths, Reported to Police (N)

Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 1998 FORD F150. THE CONTACT STATED THAT THE FUEL TANK STRAPS WERE RUSTED AND CAUSING FUEL TO SPILL FROM THE FUEL TANK. THE VEHICLE WAS TAKEN TO A LOCAL MECHANIC WHO REPAIRED THE FUEL TANK STRAPS AT A COST OF \$210 TO THE CONTACT. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 178,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Actually, one of the fuel tank straps had completely rusted through so that it separated. Once the strap had broken in two, fuel began to leak out to the ground. I discovered the leak when gas began to run onto the ground as I was filling the tank at a local gas station.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



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POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

INVOICE

INVOICE DATE	CUST. NO.	ORDER NO.	PAGE	INVOICE NO.
11/23/10	999915	70528	1	67305
License: [REDACTED]		Mileage: 177,716 98 FORD F150		

NEAL TIRE-JAC
 903 E MORTON
 JACKSONVILLE, IL 62650
 (217) 245-1445

SOLD TO [REDACTED] SHIP TO [REDACTED]
 JACKSONVILLE, IL [REDACTED]

PURCHASE ORD. NO.	SALES PERSON	MAIN PHONE	OTHER PHONE	SHIP VIA
J09	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Cash

ITEM NO.	DESCRIPTION	QTY. ORDERED	QTY. SHIPPED	F.E.T.	PRICE	NET EXTENSION
	*REPLACE GAS TANK STRAPS & FUEL					
	*LINES					
OPPT	ST131 STRAPS-GAS TANK	1	1		67.18	67.18
LABOR	LABOR	2.00	2.00		65.00	130.00
SHOP	SHOP SUPPLIES	1	1		7.50	7.50

*****THANK YOU*****
 YOUR BUSINESS IS APPRECIATED

CHECK: 209.91

CASH SALES

SubTot Parts: 74.68
 SubTot Labor: 130.00
 Tax 7.000% : 5.23

Inv Total : 209.91

X
 SECURITY AGREEMENT: Customer/Buyer grants to secured party/seller, a purchase-money security interest in the property described above. Customer agrees to terms and conditions contained on the REVERSE SIDE of this document. Customer agrees to pay a service charge/late fee of 2% of the balance of the account in the event payment is overdue. If litigation is required, buyer is liable for principal, service charges, court costs, reasonable attorney fees, and collection agency charges.



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

12-MAY-2011

Reference No.
10400628

JUN 0 2011

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MARYSVILLE State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2FTZX18W7W [REDACTED]
Make FORD Model F-150 Model Year 1998
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 05-MAY-2011
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE Failure Mileage 160000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036) Original Equipment Failure Location:
 Prior Repair
Tire Component Code Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police N

Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 1998 FORD F150. THE CONTACT STATED THAT THE VEHICLE FUEL TANK STRAPS WERE CORRODED. THE VEHICLE WAS NOT TAKEN TO THE DEALER AND THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 160,000. The Manufacturer was made aware of the problem and said that the problem was under investigation at the time. The straps was so rusted they would just come apart in your hands. Replaced both straps

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.

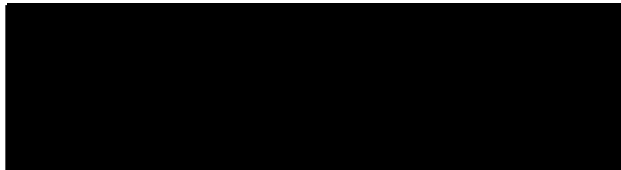
AutoZone 1731

616 E 5TH ST
MARYSVILLE, OH
(937) 642-2060

#494658	760-315	2.49 P
	Dorman 7/16" 14 x 1 1/2"	
	Hex Head Cap Screw, EA	
#802277	ST130	28.99 P
	ST130	
	Spectra Fuel Tank Strap, EA	
	SUBTOTAL	31.48
	TOTAL TAX @ 6.750%	2.12
	TOTAL	33.60
	CASH	40.00
	CHANGE	6.40

REG #02 CSR #38 RECEIPT #883282
STR. TRANS #751238
STORE #1731
DATE 05/20/2011 11:36

OF ITEMS SOLD 2





U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
JUN 08 2011
13-MAY-2011

Repository
Reference No.
10400721

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CARDINGTON State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTEX17L2VN [REDACTED]
Make FORD Model F-150 Model Year 1997
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders [REDACTED] Fuel Type: [REDACTED]
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type [REDACTED] Antilock Brakes Powertrain [REDACTED] Multiple Failure: [REDACTED] Incident Date(s) 12-MAY-2011
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE Failure Mileage 260000 Failure Speed 25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTMAL9ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 1997 FORD F150. THE CONTACT WAS DRIVING 25 MPH WHEN THE FUEL TANK STARTED DRAGGING ON THE GROUND DUE TO THE FUEL TANK STRAPS FRACTURING. THE CONTACT STATED THAT THE VEHICLE WOULD LATER BE TOWED TO THE DEALER FOR REPAIRS. THE MANUFACTURER WAS CONTACTED AND INFORMED HER THERE WERE NO RECALLS FOR THE FAILURE. THE FAILURE MILEAGE WAS 260,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Gas tank was full at the time. A hole was created when the tank dug the ground. All but 2 gallons of gas leaked out. The gas tank, straps and connections were replaced.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

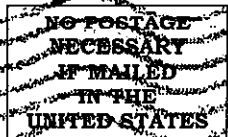
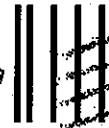
National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

COLUMBUS OH 430

01 MAY 2011 09:42



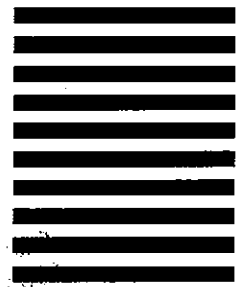
BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

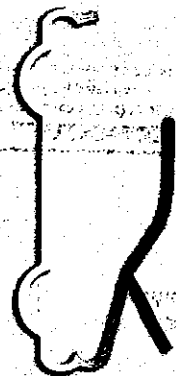
POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

USPTO MAIL ROOM 3000
PERMIT NO. 1888
WASHINGTON, DC



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration





U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

13-MAY-2011

Repository

Reference No.
10400722

OWNER INFORMATION (Type or Print)

Name

Address

City BEAVERCREEK

State OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FTRF17W8YM

Make
FORD

Model
F-150

Model Year
2000

Date Purchased
6 May 2000

Dealer's Name and Telephone Number
Jim Marsh Ford

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner

Dealer's City
Solon, Ohio

State
Ohio

Zip Code
44139

Transmission Type
Auto

Antilock Brakes
 Cruise Control

Powertrain
2WD

Multiple Failure:

Incident Date(s)

20-NOV-2007 / 18-SEP-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE

Failure Mileage
~~90000~~
85,678

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM9ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 2000 FORD F-150. THE CONTACT STATED THAT WHILE INSPECTING THE VEHICLE, HE NOTICED THAT THE FUEL TANK STRAP WAS SEVERELY CORRODED. HE PURCHASED A NEW ONE AND REPLACED IT HIMSELF. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE CURRENT MILEAGE WAS APPROXIMATELY 113,000 AND THE FAILURE MILEAGE WAS APPROXIMATELY 90,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
JUN 08 2011
13-MAY-2011

Repository
Reference No.
10400775

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **TABERG** State **NY** Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
E-mail Address [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FTRF1810XN [REDACTED] Make **FORD** Model **F150** Model Year **1999**
Date Purchased **9-10-05** Dealer's Name and Telephone Number **Victory Motor 888-310-1163** Engine: No: Cylinders **8** Fuel Type: **GAS**
Original Owner Dealer's City **Rome** State **NY** Zip Code **13440**
Transmission Type **Auto** Antilock Brakes Cruise Control Powertrain Multiple Failure: Incident Date(s) **13-SEP-2010**

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: **070000 FUEL SYSTEM, GASOLINE** Failure Mileage **184000** Failure Speed **5**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police **N**

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 1999 FORD F150. THE CONTACT WAS DRIVING 5 MPH AND TRAVELED OVER A SPEED BUMP WHEN THE FUEL TANK DETACHED FROM THE VEHICLE. THERE WAS MINIMAL FUEL SPILLAGE. THE FUEL STRAPS WERE RUSTED AND CORRODED YET THE FRONT STRAP WAS THE ONLY ONE THAT FRACTURED. THE VEHICLE WAS REPAIRED BY THE CONTACT AT A COST OF \$200. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 184,000. THE VIN WAS NOT AVAILABLE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received JUN 08 2011
13-MAY-2011

Repository []

Reference No. 10400803

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City O'FALLON State MO Zip Code [Redacted]

Daytime Telephone Number [Redacted]
E-mail Address [Redacted]
Number [Redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit vehicle identification Number Located at bottom of windshield on driver's side 1FTRF18W72K [Redacted]
Make FORD Model F-150 Model Year 2002
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type [] Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 09-AUG-2009
[] Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE Failure Mileage 86442 Failure Speed 60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036) [] Original Equipment Failure Location:
[] Prior Repair
Tire Component Code Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash [] Yes [X] No Fire [] Yes [X] No Number of Persons Injured Number of Deaths Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL* THE CONTACT OWNS A 2002 FORD F150. THE CONTACTED WAS DRIVING 65 MPH WHEN BOTH FUEL TANK STRAPS FRACTURED. THE STRAPS WERE RUSTED AND CORRODED AND ALSO CAUSING THE FUEL TANK TO DETACH FROM THE VEHICLE. THE FUEL TANK ALSO CAUSED THE DRIVE SHAFT TO FAIL WHILE THE VEHICLE WAS IN MOTION AND THE CONTACT COULD NOT CONTROL THE VEHICLE. THE VEHICLE WAS TOWED TO A LOCAL MECHANIC SHOP AND WAS REPAIRED. THE DEALER WAS NOT CONTACTED AND THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 86,442 AND THE CURRENT MILEAGE WAS 92,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

JUN 08 2011 16-MAY-2011

Repository

Reference No. 10401000

OWNER INFORMATION (Type or Print)

Name, Address, City (DETROIT), State (MI), Zip Code

Daytime Telephone Number, E-mail Address

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number (1FTAX17L4XN...), Make (FORD), Model (F-150), Model Year (1999), Date Purchased (1999 NEW), Dealer's Name and Telephone Number, Engine: No: Cylinders (8), Fuel Type: GAS, Original Owner, Dealer's City (PAT MILLIKEN), State (MI), Zip Code (48239), Transmission Type, Antilock Brakes, Cruise Control, Powertrain, Multiple Failure, Incident Date(s) (12-MAY-2011)

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE, Failure Mileage (109393), Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make, Tire Model (Name or Number), Tire Size (Example P215/65R15), DOT No. (Example: DOTMAL9ABC036), Original Equipment, Prior Repair, Failure Location, Tire Component Code, Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make, Date Manufactured, Model No./Name, Seat Type, Installation System, Child Seat Component Code, Failed Part

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash (Yes/No), Fire (Yes/No), Number of Persons Injured, Number of Deaths, Reported to Police (N)

Narrative Description of Incident(S), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1999 FORD F-150. THE CONTACT STATED THE FUEL TANK WAS LEAKING; WHEN THE VEHICLE WAS INSPECTED HE NOTICED THAT THE FUEL TANK AND ONE OF THE STRAPS WERE CORRODED. THE VEHICLE WAS NOT REPAIRED. THE VIN INFORMATION WAS NOT AVAILABLE. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE AND THE CURRENT MILES WERE 109,393.

GAS LEAKING POS, FIRE HAZZARD. PHOTO ENCLOSED, HAVE RETAINED PARTS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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CUSTOMER #: 2702208

278802



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Parts & Service 313-255-3130

Sales 313-255-3100 Fax 313-255-1027

REG. NO. F-102265 P&A CODE: 02741

INVOICE

PAGE 1

DETROIT, MI

HOME [REDACTED] CONT:N/A

BUS: [REDACTED] CELL:

SERVICE ADVISOR: 6399 IAN MURPHY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
	99	FORD F150 PICKUP	1FTRX17L4XN [REDACTED]		109300/109300	T2112	
DEL DATE	PROD DATE	WARR EXP	EST COMPLETION TIME	PO NO	RATE	PAYMENT	INV DATE
01JAN99	DD01JAN99		17:00 17MAY11			CASH	18MAY11
R.O. OPENED	READY	OPTIONS: ENG:5.4_Liter_SEFI_SOHC_(W)					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A FUEL SMELL OUTSIDE OF TRUCK-LEAKING-SLIGHT DAMP UNDER--POSSIBLE FROM TANK STRAP AREA

T400 DIAGNOSED FUEL ODOR CONCERN-REPLACE FUEL TANK, PUMP, AND STRAPS-TEST OPERATION-NOTED ENGINE MISS

8226 MARZOUQ, MAJID M. LIC#: M147918

						400.00	400.00
1	F65Z*9054*EA	STRAP ASY - FUEL TANK		28.02	28.02	28.02	28.02
1	F65Z*9054*EB	STRAP ASY - FUEL TANK		31.43	31.43	31.43	31.43
1	F45B-9002	FUEL TANK		369.64	369.64	369.64	369.64
1	P74853S-9H307	PUMP & SENDER		310.39	310.39	310.39	310.39
PARTS:	739.48	LABOR:	400.00	OTHER:	0.00	TOTAL LINE A:	1139.48

109300 DIAGNOSE AND REPLACE FUEL TANK, FUEL PUMP AND STRAPS. ENGINE HAS MISS.

CUSTOMER PAY SHOP CHARGE FOR REPAIR OF [REDACTED] 20.00

Parts replaced on customer pay repairs are left in the vehicle or retained for your inspection for 48 hours in accordance with Michigan law. If for any reason you are not "completely Satisfied" please contact me at 313-255-3100 Pat Lyons, Service Director

PROGRAM CODE	AUTHORIZATION NO.	COMMITMENT NUMBER	DESCRIPTION	TOTALS
			LABOR AMOUNT	400.00
			PARTS AMOUNT	739.48
			GAS, OIL, LUBE	0.00
			SUBLET AMOUNT	0.00
			MISC. CHARGES	20.00
			SUBTOTAL	1159.48
			LESS INSURANCE	0.00
			SALES TAX	45.57
			PLEASE PAY THIS AMOUNT	1205.05

I HEREBY AUTHORIZE THE BELOW REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. DEALER AND DEALER EMPLOYEES MAY OPERATE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS GARAGE KEEPER'S LIEN IS ACKNOWLEDGED ON VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. DEALER WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT OR ANY OTHER CAUSE BEYOND YOUR CONTROL. IF AN INSPECTION IS NECESSARY TO DETERMINE THE EXTENT OF DAMAGE AND RECOMMENDED REPAIRS ARE REFUSED, OR ONLY PARTIAL REPAIRS ARE MADE, DEALER MAY NOT BE ABLE TO RESTORE THE VEHICLE TO ITS ORIGINAL WORKING CONDITION.

I HEREBY ACKNOWLEDGE AND AGREE TO ALL STATEMENTS CONTAINED HEREIN.

CUSTOMER ACKNOWLEDGEMENT (ALL TERMS STRICTLY CASH)

ON BEHALF OF SERVICEING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER, THERE WAS NO INDICATION PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN ABUSE, RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE AT THE SERVICEING DEALER FOR INSPECTION BY [REDACTED]

SIGNATURE X [REDACTED]

CERTIFICATION ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT. (P.A. 300)

STORAGE WILL BE CHARGED 48 HOURS AFTER REPAIRS ARE COMPLETED.

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

REPAIRS PROPERLY COMPLETED AND CHECKED BY [REDACTED]

*SUPPLIES - 10% of labor with a max. of \$20.00 is included for supplies used on your vehicle. Applicable supply items are: nuts, bolts, washers, tape, pins, shellac, solvent, rags, carburetor cleaner, towels, solder, battery cleaner, wire, window sealer, hazardous waste disposal, etc.





U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
JUN 15 2011
16-MAY-2011

Repository
Reference No.
10401139

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **WOREBURN Washburn** State **TN** Zip Code **[REDACTED]**

Daytime Telephone Number **[REDACTED]** E-mail Address
Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2FTZF1723XC [REDACTED] Make **FORD** Model **F150** Model Year **2000**
Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
Original Owner Dealer's City State Zip Code
Transmission Type Antilock Brakes Powertrain Multiple Failure: Incident Date(s)
 Cruise Control 16-MAY-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: **070000 FUEL SYSTEM, GASOLINE** Failure Mileage **180000** Failure Speed **50**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036) Original Equipment Failure Location:
 Prior Repair
Tire Component Code Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured Number of Deaths Reported to Police
N

Narrative Description of Incident(S), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 2000 FORD F-150. THE CONTACT STATED WHILE DRIVING APPROXIMATELY 50 MPH SHE HEARD A LOUD NOISE. WHEN SHE STOPPED AND INSPECTED THE VEHICLE SHE NOTICED THAT THE TANK HAD DETACHED FROM THE VEHICLE. THE TWO STRAPS WERE BOTH FRACTURED AND RUSTED THROUGH ALONG WITH APPROXIMATELY FIVE GALLONS OF FUEL SPILLED ONTO THE HIGHWAY. THE VEHICLE WAS INSPECTED BY AN INDEPENDENT MECHANIC WHO ADVISED HER THAT BOTH STRAPS AND THE FUEL TANK NEEDED TO BE REPLACED. THE VEHICLE WAS TEMPORARILY REPAIRED BY ADDING TWO STRAPS. THE MANUFACTURER WAS CONTACTED AND ADVISED HER THAT THERE WERE NO RECALLS RELATED TO HER VIN. THE FAILURE AND CURRENT MILEAGES WERE APPROXIMATELY 180,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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10406792-8458

Subject: RE: Your posting on NHTSA's site
Date: Thursday, June 16, 2011 11:35:30 AM

Sent: Thursday, June 16, 2011 9:06 AM
To: Reid, Randy (NHTSA)
Cc: Yon, Scott (NHTSA); Szakal, Keith (OST)
Subject: FW: Your posting on NHTSA's site

From: Trent Wickwire [<mailto:twckwre@hotmail.com>]
Sent: Wednesday, June 15, 2011 11:39 PM
To: dradabaugh@gmail.com; Hershman, Larry (NHTSA); LaHood, Ray (OST); Strickland, David (NHTSA); meghan.kolassa@mail.house.gov
Subject: Your posting on NHTSA's site

I saw the following posting:

Make:

FORD

Model:

F-150

Year:

2000

Complaint Number:

10406792

Summary:

HELLO I OWN A 2000 FORD F150 AND NOTICED A CORODED STRAP HANGING FROM MY GAS TANK.

TODAY (6-14) I SMELLED GAS AND AM TAKING IT IN TO THE SHOP. I WAS CHECKING ONLINE TO SEE HOW MUCH IT WILL COST AND SAW THERE IS AN INVESTIGATION AND POSSIBLE RECALL COMING. I WILL TAKE SOME PICS BEFORE I TAKE IT IN. JUST WANTED TO LET YOU KNOW IF THERE WAS A CURRENT INVESTIGATION ON THIS . THAMKS YOU CAN REACH ME VIA EMAIL
DRADABAUGH@GMAIL.COM

You may want to call Larry Hirshman at NHTSA and ask what the hold up is. He has been "studying" this issue for 10 months, but is still not sure is gas tanks falling out of a moving vehicle is a safety concern.

Maybe this will help convince him:

Make:

FORD

Model:

F-150

Year:

2002

Complaint Number:

10404949

Summary:

FUEL TANK DROPPED TO THE ROAD WHILE DRIVING CAUSING THE TRUCK TO BE ENGULFED IN FLAMES. DRIVER MADE IT OUT WITH FIRST AND SECOND DEGREE BURNS. TWO DOGS IN THE BACK SEAT DIED IN THE FIRE. INITIAL INVESTIGATION BY THE INSURANCE INVESTIGATOR DETERMINED THAT IT WAS THE FUEL TANK STRAPS THAT FAILED. THERE IS AN INVESTIGATION (PE10036) BY THE NHTSA FOR FUEL TANK STRAPS ON FORD F-150S 1999-2001. THE 2002 AND 2003 F-150 USE THE SAME STRAPS. LARRY HERSHMAN OF NHTSA HAS CONTACTED ME ABOUT THIS INCIDENT. UPDATED 06/13/11*BF &06/14/11*BF

But then again, Larry Hershman is still not smart enough to know that the 2002 truck is identical to yours, so apparently this person with burns all over his or her body "doesn't count".

One has to wonder if these people at NHTSA have equity positions in Ford, or maybe taking payoffs from the UAW, because no one is so obtuse to wonder if this is a problem. Yet they are willing to play roulette with the lives of consumers to either make a little cash or avoid a little work.

I contacted my member of Congress (John Dingell) who has long served on the Energy and Commerce Committee. While he was willing to put on a show during the Toyota hearings, he is will to let the body count collect when the company (who made \$3B last quarter) employs UAW members in his district. He also seems very willing to risk your safety for a few political points at home. A member of his staff said that having the gas tank fall out on the highway is a reasobale risk when driving a 10 year old vehicle.

DC is aware of the severity, but they seem to be stalling in order to ensure no financial obligation on the manufacturewrs part.

You can get Larry Hershman's phone number from the DOT switchboard at (202) 366-4000.