



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 100147

Date Received NOV 05 2003 4:47	Repository <input type="checkbox"/>
	Reference No. 10042311

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City BEAR	State DE	Zip Code 19701

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an signature of owner, your name or address to the vehicle manufacturer.  YES  NO  
Date 10/20/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTEF15Y4TLA84903	Make FORD	Model F150	Model Year 1998
Date Purchased NOV 1996	Dealer's Name and Telephone Number WINNER FORD	Engine: No. Cylinders 6	Fuel Type: GASOLINE
Original Owner <input checked="" type="checkbox"/>	Dealer's City NEWARK	State DE	Zip Code 19701
Transmission Type MANUAL	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 034200 SERVICE BRAKES, HYDRAULIC: FOUNDATION COMPONENTS
Multiple Failure: 1			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-SEP-2003	Failure Mileage 48,350	Failure Speed 40
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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/B5R15)
DOT No. (Example: DOTM1BABC036)	<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
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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).

OWNER STATES THAT BRAKE LINE RUPTURED, CAUSING BRAKE FAILURE. \*AK

RIGHT FRONT STEEL BRAKE LINE RUPTURED.

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.