



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 1367

Date Received

12-JAN-2004

Reference No.

10053790

OWNER INFORMATION (Type or Print)

Name

Address

City

PLAINVILLE

State

MA

Zip Code

Daytime Telephone Number

E-mail Address

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1/04

VEHICLE INFORMATION

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

2FMDA5141WE

Make

FORD

Model

WINDSTAR

Model Year

1998

Date Purchased

6-17-97

Dealer's Name and Telephone Number

Franklin Ford

Engine:

No. Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

Franklin

State

MA

Zip Code

01103

Transmission Type

☐ Antilock Brakes

Powertrain

AUTOMATIC

☐ Cruise Control

Vehicle Component Code

114000 ELECTRICAL SYSTEM: WIRING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

05-JAN-2004

Failure Mileage

116000

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: DOTM18ABC036)

☐ 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), condition, and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☒ Yes ☐ No

Number of Persons Injured:

Number of Deaths

Reported to Police

Y

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).

CONSUMER SMELLED A BURNING ODOR THAT GOT STRONGER AS TIME PROGRESSED. A BLACKISH COLOR SMOKE CAME FROM THE VENTS. THEN, THERE WERE FLAMES FROM THE DRIVER'S SEAT, AND VEHICLE CAUGHT ON FIRE. THE FIRE WAS CAUSED BY ELECTRICAL SYSTEM FAILURE. *AK

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.