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: FEB 26 AM 9:17 2004 — 30-JAN-2004
Repository ☐
Reference No.: 10057218

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: LAYTON, State: UT, Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address: [redacted]

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: [redacted] Date: 2/18/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTSW31F32[redacted]	FORD	F350	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
APR 3, 2002	Ed Kesley Ford (801) 776-4201				Diesel
Original Owner ☒	Dealer's City: Layton	State: UT	Zip Code: 84041		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		185000 VEHICLE SPEED CONTROL:CRUISE CONTROL
			Multiple Failure: 1 — 3 times (Now on 4th)

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
multiple (4x)	1100	30-65 mph

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: DOTM4L9ABC038)	☐ 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
☐ Yes ☒ No	☐ Yes ☒ 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).

CONSUMER INDICATED THAT CRUISE CONTROL SHUT OFF WITHOUT WARNING WHEN ENGAGED. WHEN THIS OCCURRED THERE WAS A LOSS OF POWER. DEALERSHIP INDICATED THIS WAS CAUSED BY A BRAKE SENSOR FAILURE. "AK OCCASIONALLY, IT WILL TURN ON & OFF RAPIDLY CAUSING A POWER SURGE - LOSS - SURGE - I HAVE HAD THIS FIXED 3 TIMES & NOW HAVE TO TAKE IT BACK FOR A 4th — VERY UNSAFE!

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