



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 100145

Date Received: 2004 MAR 17 AM 11:13  
23-FEB-2004

Repository

Reference No. 10059567

OWNER INFORMATION (Type or Print)

Name: [REDACTED]

Address: [REDACTED]

City: PALM COAST State: FL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]

Evening Telephone Number: SAME

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 authorized signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 03/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FAHP60A83 [REDACTED]

Make: FORD Model: THUNDERBIRD Model Year: 2003

Date Purchased: 11-07-03 Dealer's Name and Telephone Number: BOZARD FORD 904-834-1641 ST. AUGUSTINE FL

Original Owner: [REDACTED] Dealer's City: ST. AUGUSTINE State: FL Zip Code: 32085 Engine: No. Cylinders: 8 Fuel Type: HIGH TEST

Transmission Type: AUTO-MATL  Antilock Brakes Powertrain: [REDACTED] Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC

Cruise Control Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 19-FEB-2004 Failure Mileage: 11000 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: DOTM1A9ABC036)  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: 0 Number of Deaths: 0 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).

WHILE DRIVING AT 25 MPH DRIVER APPLIED THE BRAKES AND VEHICLE ACCELERATED. \*AK

NOTE: SECOND TIME INCIDENT DESCRIBED + REPORTS TO U.S. DEPARTMENT OF TRANSPORTATION - VEHICLE ONLY HAS 1,100 MILES ON IT.

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.