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	Repository ☐
17-MAR-2004	Reference No. 10063375

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City NEW BEDFORD	State MA	Zip Code [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a[redacted]ur name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTRW08693KC71033	FORD	F150	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
02-MAY-03	Fall River Ford			8	Gas
Original Owner ☒	Dealer's City Fall River	State MA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
Auto	☒ Antilock Brakes ☐ Cruise Control		034520 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
13-JAN-2004	15000	30 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: DOTMA1SABC036)	☐ 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).

ON 2 SEPARATE OCCASIONS WHEN CONSUMER PRESSED THE BRAKE PEDAL IT FAILED TO STOP THE VEHICLE IMMEDIATELY. CONSUMER HAD TO PRESS THE BRAKE PEDAL 3 MORE TIMES TO STOP VEHICLE. DEALERSHIP INDICATED THAT THIS ALWAYS HAPPENED WHEN THE BRAKE PARTS GET WET.*AK

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