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	1368
Date Received: 04-AUG-2004	Repository [X] RECENTLY
	Reference No. 10087190

2004 SEP 14 AM 7:52

OWNER INFORMATION (Type or Print)

Name: [redacted]	Daytime Telephone Number: [redacted]
Address: [redacted]	E-mail Address: N/A
City: CLOVIS State: CA Zip Code: [redacted]	Evening Telephone Number: SAME

Do you authorize [redacted] *rt to the manufacturer of your vehicle?* [X] YES [X] NO
In the absence of [redacted] *provide your name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 8/5/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2FTZF0730YC[redacted]	FORD	F150	2000

Date Purchased	Dealer's Name and Telephone Number	Engine	Fuel Type
12/14/01	SWANSON FAHNEY	Engine 5.4(?) No. Cylinders 8 (Std. 8 cyl.)	Unleaded Premium
Original Owner: NO	Dealer's City: SELMA State: CA Zip Code:		

Transmission Type		Powertrain	Vehicle Component Code
MODIFIED 4R100(?) 4 speed auto (4WD) lock	[X] Antilock Brakes [X] Cruise Control	Supercharged longitudinally mounted V8 single overhead cam 8 cylinder block & cast iron cylinder [illegible]	141000 AIR BAGS:FRONTAL Multiple Failures: X 2 SRS, DRIVER, PASSENGER

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
16-JUL-2004	36,000	40	SRS DRIVER & PASSENGER. EXACTLY 2/3 front bumper major involved

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: DOTMAL9ABC036)	[ ] 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
[X] Yes [ ] No	[ ] Yes [X] No	1, MYSELF	0	POLICE ON SCENE immediately

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 so [illegible]).

WHILE DRIVING ~~XX~~MPH CONSUMER'S VEHICLE WAS INVOLVED IN FRONT END COLLISION. UPON IMPACT, FRONT AIR BAGS DID NOT DEPLOY. VEHICLE WAS TOWED. DEALERSHIP WAS NOTIFIED,BUT DID NOT RESOLVE THE PROBLEM. *AK

40 POLICE EVENT #04AZ5361, OFFICER KIRBY BADGE #599 FRESNO P.D.

CAB TO BE DAMAGED [illegible] THE PURCHASER HAS THE ONLY [illegible] DRIVER'S DUMMY LIGHTS GAVE NO PRIOR INDICATION TO COMPONENTS WERE FAULTY, UPON DISMANTLING [illegible] VEHICLE [illegible] BATTERY [illegible] FUSE [illegible] CHECKED [illegible] AFTER [illegible] INSPECTION [illegible] WAS DONE. [illegible]

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

FUSES, RELAYS, BATTERY WERE INACCESSIBLE DURING DISMANTLING. AND ONCE AGAIN AIRBAGS FAILED TO DEPLOY. I AM EXPERIENCING EXCRUTIATING BACK PAIN AND AM IN DOCTORS CARE TO NO AVAIL, AND ALSO FEEL EXTREME ROTATER CUFF TOTAL DETERIORATION AND WILL IN MY OWN OPINION, BEING A SURGICAL NURSE, NEED BOTH ROTATOR CUFF REPLACEMENT AND BACK SURGERY. I HAVE IN MY OPINION 5 TO 10 PERCENT BODY FAT AND IN MY OWN OPINION BEING THERE IS NO BRUISING ANYWHERE KNOWN THAT ITS NOT MUSCLE PAIN. THANK YOU, GET THIS INFORMATION SAVE SOMEONES LIFE PLEASE [redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 72175 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

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