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 — 100216

Date Received	Repository
2004 SEP 21 AM 27-AUG-2004 21	Reference No. 10089950

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City HOUSTON State TX Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO
In the absence of a [redacted] NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 09/13/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	FORD	F150	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2001	Lone Star Ford			No. Cylinders 8	
Original Owner [X]	Dealer's City Houston	State TX	Zip Code 77090		PET.

Transmission Type			Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	Powertrain	152000 SEAT BELTS:REAR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-JUL-2004			

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: DOTMA19ABC038)	[ ] 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 [X] No	[ ] Yes [X] No	0	0	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).

THE REAR MIDDLE SEAT BELT AND REAR PASSENGER SIDE SEAT BELT WERE INOPERATIVE. *CONSUMER WAS UNABLE TO BUCKLE THE SEAT BELT. VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION. *AK
1) Belts began to loosen on there own, leaving passengers in the back seat unbuckled.
2) All that remains on the belts is the metal arm that is attached under the seat. Belts no longer work

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