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 1372

| Date Received | Repository ☐ |
|---|---|
| 07-OCT-2004 | Reference No. 10095360 |

2004 NOV -3 P 2:09

## OWNER INFORMATION (Type or Print)

| Name | | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | | Evening Telephone Number | |
| City OXON HILL | State MD | Zip Cod | |

*Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?* ☐ YES ☒ NO
*In the absence of an auth[redacted] name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 10/22/04

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1FMEU15H8T[redacted] | FORD | BRONCO | 1996 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: 5.8 LITER No: Cylinders | Fuel Type: |
|---|---|---|---|---|---|
| 8-2-96 | JERRY FORD | | | 8 | REGULAR UNLEADED |
| Original Owner ☐ | Dealer's City | State | Zip Code | | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes<br>☒ Cruise Control | 351 CI, 5.8 LITER V-8 | 114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD<br>Multiple Failure: 1 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 23-MAY-2004 | 116,489 | | REPLACED MASTER CYLINDER, PRESSURE SWITCH, CONNECTER |

## 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 |
|---|---|---|---|---|
| ☐ Yes ☒ No | ☒ Yes ☐ No | | | Y |

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).

COULD NOT GET VEHICLE OUT OF PARK IN MORNING. HAD TO REPLACE A FUSE. JUST AFTER VEHICLE STARTED SMOKE CAME FROM UNDER HOOD. CONSUMER OPENED THE HOOD, AND SAW A FIRE AT THE MASTER CYLINDER. PUT THE FIRE OUT WITH A BOTTLE OF WATER.*AK

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