Form Approved: O.M.B. No. 2127-0008

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

2005 JAN -5 AM 11:00

FOR AGENCY USE ONLY 252

Date Received: 22-NOV-2004

Reason/Area: 1

Reference No.: 10101549

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: PUEBLO WEST | State: CO | Zip Code: [redacted]

Daytime Telephone Number: [redacted] | Evening Telephone Number: [redacted] | E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an [redacted] name or address to the vehicle manufacturer.

Signature of Owner: [redacted] Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FT5W31F2YE[redacted]	FORD	F350	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
2/28/2000	MIKE NAUGHTON FORD			X 8	DIESEL
Original Owner ☒	Dealer's City: AURORA	State: COLO	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	101000 POWER TRAIN:CLUTCH ASSEMBLY Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-NOV-2004		25	

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	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 CLUTCH FAILED TO ENGAGED WHEN APPLIED. THE CONSUMER NOTICED THAT THE CLUTCH WOULD ENGAGED ON ITS OWN. THE CONSUMER WAS ABLE TO DRIVE IT TO THE DEALER FOR INSPECTION. THE MECHANIC WAS UNABLE TO DUPLICATE THE PROBLEM. PLEASE FILL IN ADDITIONAL INFORMATION.

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

[redacted]
Pueblo West, CO
[redacted]

December 16, 2004

Mr. Michael J. Jordan
Safety Defects Program Assistant
Correspondence Research Division
Office of Defects Investigation, NVS-216
400 Seventh Street, SW
Washington, DC 20590

Dear Mr. Jordan:

I was stopped at a traffic light with the clutch pedal fully depressed when the vehicle lurched forward towards the crosswalk narrowly avoiding pedestrians. THE CLUTCH PEDAL WAS FULLY DEPRESSED! I had to shut off the ignition switch to stop the vehicle. This should never happen under any circumstances and appears to be an obvious safety defect!

I took the vehicle to Freedom Ford for repairs and was presented with a bill for $520.34. The customer service representative told me the repair was not covered under warranty since the clutch is not part of the power train. The clutch is an integral part of the power train.

I feel this is a safety defect that should never occur to anyone and steps should be taken by the manufacturer to rectify the situation. I also expect to be compensated in the amount of the repair.

Yours truly,

[redacted]

Enclosures
Cc: Ford Motor Company

7 7

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

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

Dear Consumer:

As a result of your recent report to the DOT Auto Safety Hotline (DOT Hotline), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the out side. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

If further assistance is needed, please contact Mr. Michael J. Jordan, Safety Defects Program Assistant, Correspondence Research Division, Office of Defects Investigation, at (202) 493-0576.

Thank you for your cooperation.

Sincerely,

Alberto A. Jimenez, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosures: VOQ
DOT Hotline Pamphlet

BUCKLE UP

NHTSA
People Saving People
www.nhtsa.dot.gov

DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).