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 100247

Date Received	Repository
10 DEC 2004 -5 PM 4:57	☐

Reference No.
10104996

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	N/A.
Address [redacted]	Evening Telephone Number [redacted]	
City WAXAHACHIE / State TX / Zip Code 75165		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of your authorization, we cannot provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12-20-04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTZX172INB[redacted]	FORD	F150	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
8/03	CARMAXX - FM	6	GASOLINE

Original Owner	Dealer's City	State	Zip Code
☐	HOUSTON / NORTH I-45 & FM 1960	TX	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC STANDARD	☑ Antilock Brakes ☐ Cruise Control	4.2 LITER V-6 5-SPEED TRANNY	151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-DEC-2004	APPROX. 20,000	ALL SPEEDS	FRONT SEAT BELTS DISENGAGE-(LAP BUCKLE) FOR NO APPARENT REASON

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: DOTMAL9ABC096)	☐ 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).

CONSUMER COMPLAINED ABOUT A SEAT BELT PROBLEM. . THE SEAT BELT TENDS TO UNLATCH FROM BUCKLE FOR NO APPARENT REASON. *AK

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