



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 100222

Date Received

28-DEC-2004

Repository ☐

Reference No.
10105392

OWNER INFORMATION (Type or Print)

Name

Address

City

OAKWOOD

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorized signature, NHTSA will not include your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FDWF36P33E

Make

FORD

Model

F350

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number

Engine: 6.0 Liter
No. Cylinders 8

Fuel Type:

☒ Diesel

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

DE0000 ENGINE AND ENGINE COOLING

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-DEC-2004

Failure Mileage

Failure Speed

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: DOTM19ABC036)

☐ 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

☐ Yes ☒ No

Fire

☒ Yes ☐ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

THE CONSUMER TRIED TO START THE VEHICLE, BUT IT WOULD NOT START. THE CONSUMER WAITED A COUPLE OF HOURS, WENT OUT AND THE VEHICLE STARTED. THE VEHICLE WAS TAKEN TO A MECHANIC AND THE WIRING HARNESS WAS REPLACED. A WEEK LATER, THE VEHICLE WOULD NOT START AGAIN, LATER ON, THE CONSUMER WAS INFORMED THAT THE VEHICLE WAS ON FIRE. THE VEHICLE WAS TOTALED. *JB

Greene Ford Co
GAINESVILLE GA
Phone 532-5620

Technician Chad TOW

4/24/05

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



