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

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Repository ☐

Reference No. 10105517

OWNER INFORMATION (Type or Print)

Name

Address

City YORBA LINDA | State CA | Zip Code

Daytime Telephone Number

Evening Telephone Number

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTRX17L6YK	FORD	F150	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
April 2003	Fairway Ford 714-524-1200			No. Cylinders	
Original Owner ☐	Dealer's City Yorba Linda, Ca.	State CA	Zip Code 92887		

Transmission Type		Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☒ Cruise Control		185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-DEC-2004	62000		

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: DOTMAL9ABC035)	☐ 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), Fatalities, 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).

THE VEHICLE WAS PARKED IN THE DRIVEWAY FOR ABOUT 4 HOURS WHEN THE OWNER LOOKED OUT THE WINDOW AND SAW FLAMES COMING FROM THE ENGINE COMPARTMENT. SHE DIDN'T USE THE CRUISE CONTROL, SO SHE WASN'T SURE IF IT QUIT WORKING OR NOT. #2 AND #14 FUSES WERE BLOWN AND #13 WAS NOT BLOWN. THE OWNER STATED THAT SHE SAW THE WIRES FOR THE SPEED CONTROL DEACTIVATION SWITCH CONNECTOR ARCING IMMEDIATELY AFTER THE FIRE WAS EXTINGUISHED. PICTURES FORWARDED TO BRUCE YORK. *JB

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