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 1367

Date Received	Repository
30-DEC-2004 2005 JAN 24	☐
	Reference No. 10105587

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City CLAREMORE	State OK	Zip Co [redacted]

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 [redacted] Date 1/8/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTRX17W9Y[redacted]	FORD	F150	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
8/20/01	FRN of Tulsa 918-836-7101	SCAB XLT E8TA	unleaded
Original Owner ☐	Dealer's City Tulsa State OK Zip Code		

Transmission Type			Vehicle Component Code
automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain	114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
30-DEC-2004	76000		

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: DOTMMLBABC038)	☐ 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), Fatality(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	Y / Fire department

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).

VEHICLE CAUGHT ON FIRE WHILE PARKED IN THE GARAGE. CONSUMER WAS ALERTED TO THE FIRE BY CHILD WHO HEARD THE HORN BLOWING. THE FIRE DEPARTMENT WAS IMMEDIATELY CONTACTED AND EXTINGUISHED THE FIRE. THE FIRE ORIGINATED FROM UNDER THE HOOD ON THE DRIVER'S SIDE. INSURANCE COMPANY WAS GOING TO INSPECT THE VEHICLE TO DETERMINE WHAT CAUSED THE FIRE. A FIRE REPORT WAS FILED.*AK A professional fire agency from Oklahoma City Come to my house. (DALLAS & Associates), They spent several hours going over the truck & my garage. They determined fire started at cruise control components. They are sending report to Bruce York @ U.S. Department of Transportation.

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