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	Repository
28-JAN-2005	
	Reference No.: 10108983

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City: SUGAR LAND / State: TX / Zip Code	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/8/05

VEHICLE INFORMATION

Vehicle Identification Number (Located at bottom of windshield on driver's side)	Make	Model	Model Year
1FTZX172XYN[redacted]	FORD	F150 LD	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
3-20-02	ADVANTAGE MOTORS			No. Cylinders	Gas
Original Owner ☐	Dealer's City: Houston	State: TX	Zip Code: 77064	6	Unleaded

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	114000 ELECTRICAL SYSTEM:WIRING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
03-DEC-2004	60000		

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: DOTMAL9ABC038)	☐ 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			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).

CONSUMER CAME HOME, PARKED THE VEHICLE, AND WENT TO BED. LATER, THERE WAS A KNOCK ON THE DOOR, AND CONSUMER WAS NOTIFIED THAT VEHICLE WAS ON FIRE. CONSUMER HAD AN INVESTIGATION DONE TO SEE IF THE VEHICLE HAD BEEN SET ON FIRE. THE REPORT CAME BACK NEGATIVE. *AK

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