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: 28-JAN-2005	Repository ☐
	Reference No.: 10108202

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address BMILLER7DMN @ AOL.COM
Address [redacted]		Evening Telephone Number SAME	
City WAYNE	State NJ	Zip Code [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 2/21/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located on bottom of windshield on driver's side)	Make	Model	Model Year
1FTNX21L7YE[redacted]	FORD	F250 SUPER DUTY	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
9-29-1999	(KATES FORD) NOW RT 23 AUTO MALL	973-838-0800		8	GAS
Original Owner ☒	Dealer's City BUTLER	State NJ	Zip Code 07405		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	114000 ELECTRICAL SYSTEM:WIRING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-DEC-2004	110,000	----	SPEED CONTROL- SERVO ASSEMBLY WIRE ASSEMBLY.

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: DOTMALSABC035)	☐ 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 THE ELECTRICAL SYSTEM. AT FIRST, VEHICLE LOST CRUISE CONTROL. THEN IT LOST THE BRAKE LIGHTS. WHEN TAKEN TO BE SERVICED, IT WAS DETERMINED THAT THE FAILURE WAS DUE TO A BLOWN OUT WIRING HARNESS CONNECTED TO THE CRUISE CONTROL.*AK

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).