



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

Date Received
31-JAN-2005

Repository
Reference No.
10109297

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City SCOTCH PLAINS State NJ Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]
E-mail Address [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 2/23/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTNX21FX1E [Redacted]
Make FORD Model F250 SUPER DUTY Model Year 2001
Date Purchased 2/29/01 Dealer's Name and Telephone Number 128 FORD
Original Owner [Redacted] Dealer's City Reading MA State MA Zip Code [Redacted]
Engine: 8 No. Cylinders Fuel Type: Diesel
Transmission Type Auto Antilock Brakes [] Powertrain []
Cruise Control [X] Vehicle Component Code 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-DEC-2004 Failure Mileage 75000 Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]
DOT No. (Example: DOTM19ABC036) Original Equipment [] Prior Repair [] Failure Location: [Redacted]
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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 [Redacted] Number of Deaths [Redacted] 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).

HAD DRIVEN ABOUT 165 MILES PARKED VEHICLE AND PLUGGED IN ENGINE BLOCK HEATER. THAT NIGHT THE VEHICLE CAUGHT ON FIRE. FLAMES WERE COMING FROM ENGINE COMPARTMENT ON DRIVER'S SIDE NEAR THE FRONT OF THE VEHICLE. HAD USED THE CRUISE CONTROL THE DAY BEFORE THE FIRE, AND IT HAD WORKED FINE. THE HEAT FROM THE FIRE DAMAGED THE HOUSE. INSURED BY USAA POLICY #5597087. *AK

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 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.