



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 100192

Date Received

Repository ☐

2005 FEB - 8 PM 11: 49
01-FEB-2006

Reference No.
10100487

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address *nickie AT present*
Address [REDACTED]
City ASHEBORO State NC Zip Code [REDACTED] Evening Telephone Number [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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side [REDACTED] Make FORD Model ECONOLINE Model Year 2003
Date Purchased [REDACTED] Dealer's Name and Telephone Number *Van Products (800) 627-077* Engine: No. Cylinders 8 Fuel Type: Gas
Original Owner ☒ Dealer's City *Raleigh* State *NC* Zip Code *27604*
Transmission Type ☒ Automatic ☒ Antilock Brakes Powertrain REAR WHEEL DRIVE Vehicle Component Code 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL
☒ Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-NOV-2004 Failure Mileage 10158 Failure Speed *Sitting at red light* *Turned right* *Ford Recall 04522*

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: DOTM18ABC036) ☐ 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), condition, and how/when.)

Crash ☐ Yes ☒ No Fire ☒ Yes ☐ No Number of Persons Injured *1* Number of Deaths *0* 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).

VEHICLE WAS PARKED OUTSIDE THE OWNER'S HOME. OWNER WAS AWAKENED, AND TO DISCOVERED THAT THE VEHICLE WAS ENGULFED IN FLAMES. THE FIRE DEPARTMENT WAS NOTIFIED AND EXTINGUISHED THE FIRE. THE VEHICLE WAS AN ECONOLINE VAN MODIFIED FOR PERSONS WITH DISABILITIES. *AK

*The Fire Dep. Had been here for 20 minutes
I am Bad to the bone wife work me was separated
But she sold the Fire + Truck Come to see
Back on the Road Door on Air for to be me
Up I don't know Fire Call to the Fire I went
To prevent around 7:30 PM I had to get from San Francisco*

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 to this questionnaire. Your responses 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 responses or a statistical summary thereof, may be used in support of the agency's action.

*John E. [Signature]
Hag made me
at most Non Focused*

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

My Anxiety is all most No Totally Disabling
 I Have Not Had Transportation Since and I have
 Driven my car as I did not have an accident to the police
 I don't know either that the Police Used my car
 I was injured By my own car I was by Police Officer
 I need to see a doctor mind at the hospital
 a Court Date for Accidents I would not Call it today
 But Last 1

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U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NHTSA-216
400 7th Street, SW
Washington, DC 20590

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



**VEHICLE
OWNER'S
QUESTIONNAIRE**

U.S. AUTO SAFETY HOTLINE

OR REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

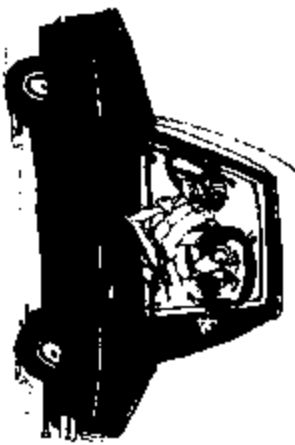
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and dial toll free at

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