



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
2005 MAR -2 AT 3:30
08-FEB-2006

Repository
Reference No.
10111105

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SEALY State TX Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [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 _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FTEX15Y35K [REDACTED] Make FORD Model F160 Model Year 1995
Date Purchased 1997 Dealer's Name and Telephone Number Sanchez Auto
Original Owner [REDACTED] Dealer's City SEALY State TX Zip Code 77474 Engine No: 8 Cylinders 8 Fuel Type Gas
Transmission Type 5 Speed Antilock Brakes Powertrain Cruise Control
Vehicle Component Code 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-APR-2004 Failure Mileage 100000 Failure Speed

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), Crash(es), and Injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured None Number of Deaths None 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 HAD SAT FOR A WEEK, AND AT 5:00 PM STARTED AND IDLED FOR 5 MINUTES. AT 10:30 WENT TO BED. AT 1:30 AM WIFE SAW FIRE COMING FROM UNDER THE HOOD. PRIOR TO THE FIRE NO PROBLEMS WITH THE VEHICLE. USED CRUISE CONTROL OCCASIONAL. WAS WORKING THE LAST TIME IT WAS USED ABOUT 8 DAYS BEFORE FIRE. TRAILER TOWING PACKAGE WAS THE ONLY AFTERMARKET EQUIPMENT. THE TRAILER PACKAGE WAS ADDED AROUND 1 YEAR BEFORE THE FIRE. THE FIRE DID NOT SPREAD TO THE HOUSE. HAS 35 MM PHOTOS OF VEHICLE. WILL SEND VIA MAIL TO BRUCE YORK. WAS INSURED LIABILITY ONLY. *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 to 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.

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

This vehicle was parked in my driveway, where it had not been driven in over 1 week due to being gone on a vacation. Upon returning from vacation, I cranked this vehicle and let it idle for approx. 3-5 minutes. (it was not driven). At approximately 1:30 A.M. my wife and I were awoken by the sounds and sight of this truck burning. At that time the truck was fully engulfed in flames and was beyond saving. However, I was able to put out the fire with a garden hose before the gas tanks exploded. This report, plus photos of vehicle have been furnished to Bruce York of the U.S. Dept. of Transportation.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 79173 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, NVS-218 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

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DASH2DOT and dial toll free at

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