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 100215

Date Received	Repository
18-FEB-2005 2005 APR 25 AM 5:31	Reference No. 10111791

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: ARBOR VITAE	State: WI	Zip Code	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 4/6/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTRX18LXXN	FORD	F150	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: 5.4L	Fuel Type:
2000	ROSEMURGY MOTORS, INC.			No. Cylinders 8	GAS
Original Owner [X]	Dealer's City: WAUSAU	State: WI	Zip Code: 54402	4WD	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control		141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-JAN-2005	68,000	30	

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: DOTMALSABC038)	[ ] 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 [X] No	[ ] Yes [X] 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).

WHILE DRIVING 30 MPH DRIVER'S AIR BAG INADVERTENTLY DEPLOYED. THE DRIVER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE. AND PULLED OVER. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, BUT THE CAUSE HAD NOT BEEN DETERMINED AT THIS TIME.

*AK

DEALER & COLLISION CENTER STATE THAT SENSOR SHOWES DEPLOYMENT WAS CAUSED BY AN ACCIDENT, BUT VEHICLE WAS NOT IN AN ACCIDENT.

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).