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 100145

Date Received	Repository ☐
25-FEB-2005	Reference No. 10113077

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City PASADENA	State TX	Zip Code [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☒ NO
In the absence of an e[redacted]ovide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/6/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
NOT AVAILABLE 2FALP74W[redacted]		CROWN VICTORIA	1992

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
5/11/04	RANDY DONVINN (etc.)	8	Gas
Original Owner ☑	Dealer's City / State / Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	D61000 ENGINE AND ENGINE COOLING:ENGINE
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
20-OCT-2004	100000	60/65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Firestone		
DOT No. (Example: DOTMALSABC036)	☐ 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	1	0	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).

WHILE DRIVING 60 MPH THE BRAKE SENSOR LIGHT CAME ON AND THE VEHICLE BEGAN SMOKING WITHOUT WARNING. WHEN THE CONSUMER PULLED OFF THE ROAD HE NOTICED THAT FLAMES WERE COMING FROM THE FRONT END. AS A RESULT THE VEHICLE WAS CONSIDERED A TOTAL LOSS. PLEASE PROVIDE ADDITIONAL INFORMATION. *NM / I'm really shaken up by all of this I sometimes get flashes of the car burning - Houston Police towing line has info were the car is. (I also have some pictures I need to download them.

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

[redacted]

Phone #1-800-392-3673 Ford Custome service Number

Open safety recall #99s15 Or 99515

Safety defect caused by electrical short and may cause fire to motor I spoke with Quintin ID #2835

I also spoke to Chris Keller at 713-530-6958

Alt. # 1800-325-5621

1992 Ford Crown Victoria

VIN # copy of reg. enclosed

VEHICLE REGISTRATION RENEWAL NOTICE

IF YOU NO LONGER OWN THIS VEHICLE, DESTROY THIS COMPLETE FORM

Renew online @ www.texasonline.com. Check this site or contact your local County Tax Office for a list of participating counties.

VEHICLE INFORMATION

LICENSE PLATE NUMBER	[redacted]
VEHICLE IDENTIFICATION NO.	2FALP74W4[redacted]
YEAR/MAKE/BODY STYLE	1992/FORD/4D
CURRENT EXPIRATION MONTH/YEAR	APR/2005
TOTAL FEE DUE (if mailed)	[redacted]

Send bottom part of form, proof of insurance, and correct fee to your county tax office in the enclosed envelope. Make check or money order payable to your local tax assessor-collector. Allow 15 days for processing by mail. Driver's license number required on checks.

FOR QUESTIONS CALL YOUR LOCAL TAX ASSESSOR-COLLECTOR: 713-368-2000

CUSTOMER COPY

▲KEEP TOP SECTION FOR YOUR RECORDS▲