



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 ☐

10-MAR-2005

Reference No.
10114945

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SALT LAKE CITY State UT Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number
SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an address or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FTRW08LX1K [REDACTED]
Make FORD Model F150 4x4 XLT
2000 2001
Date Purchased June 2, 04 Dealer's Name and Telephone Number Ken Garts Nissan
Original Owner [REDACTED] Dealer's City Salt Lake City State UT Zip Code 84408
Engine: 5.4L Fuel Type: Gas
No. of Cylinders V-8
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control
Powertrain
Vehicle Component Code
036100 SERVICE BRAKES, HYDRAULIC; ANTILOCK CONTROL UNIT/M
Multiple Failure: 150

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-MAR-2005 Failure Mileage 71980 Failure Speed
Turn Signals / ABS light / overhead console fail
and then comes back on - find it not off at time
Dealer says can't

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: DOTM19ABC036) ☐ 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 0 Number of Deaths 0 Reported to Police 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).

THE ABS SENSOR CONTINUES TO STAY ON, THE TURN SIGNALS AND OVERHEAD CONSOLE FAIL INTERMITTENTLY. DEALER STATES THEY CANNOT DUPLICATE THE PROBLEM. *AK

Dealer says They can't find problem unless it is off when it there. Can't get there when it's off. When bought Dealer said they would fix it if it can be located. Like it to be fixed due to safety factor

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.