



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 1388

Date Received

26-MAR-2005

Repository

Reference No.  
10115848

OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City MADISON State TN Zip Code \_\_\_\_\_

Daytime Telephone Number

E-mail Address

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 authorization, NHTSA will limit reports to your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 4/12/05

VEHICLE INFORMATION

(1) Digit Vehicle Identification Number located at bottom of windshield on driver's side: 1FTEF15M2TN  
Make FORD Model F150 Model Year 1995  
Date Purchased 04-11-97 Dealer's Name and Telephone Number CROWN FORD Engine: 302 Fuel Type: GAS  
Original Owner  NO Dealer's City NASHVILLE State TN Zip Code 37204 B No. of Cylinders 8 R59  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain \_\_\_\_\_ Vehicle Component Code 185000 VEHICLE SPEED CONTROL; CRUISE CONTROL  
Multiple Failures 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-FEB-2005 Failure Mileage 86000 Failure Speed \_\_\_\_\_

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/66R16) \_\_\_\_\_  
DOT No. (Example: DOTM1ALBABC036)  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 \_\_\_\_\_ Number of Deaths \_\_\_\_\_ 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).

CRUISE CONTROL WAS INOPERATIVE. DEALERSHIP INFORMED CONSUMER THAT CRUISE CONTROL SWITCH MELTED. THE PROBLEM WAS NOT RESOLVED. \*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.

**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).**