



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 100148

Date Received

2005 MAY 26 AM 5:14
02-MAY-2005

Repository ☐

Reference No.
10118816

OWNER INFORMATION (Type or Print)

Name

Address

City

CENTRAL ISLIP

State

NY

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 NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 5/17/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FTNW21LX3E

Make
FORD

Model
F250

Model Year
2003

Date Purchased
16-MAR-05

Dealer's Name and Telephone Number
NORTH PORT FORD 631-499-5300

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner
☐

Dealer's City
COMMACK

State
NY

Zip Code
11725

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
980000 OTHER

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
30-APR-2005

Failure Mileage

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: 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), 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).

THE CONSUMER STATED WHEN SHE PURCHASED THE VEHICLE THE ODOMETER READ 21607, HOWEVER WHEN SHE RAN A CAR FAX REPORT, THE ODOMETER READ 45002 BACK IN SEP 2004 AND ON OCT 13, 2004 THE ODOMETER READ 20656.

Also Odometer read on Sept. 24, 2004 Odometer Read 33022

Also when going 50 MPH And Let off The Accelerator
There is a noise in the rear end of Vehicle

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 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.