



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 JUN 12 AM 5:55
22-JUN-2005

Repository

Reference No.
10126251

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BROCKWAY State: PA Zip Code: [REDACTED]

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: [REDACTED] Date: 7/5/05

VEHICLE INFORMATION

11 digit vehicle identification number located at bottom of windshield on driver's side: 1FMEE11H8SH [REDACTED]
Make: FORD Model: ECONOLINE Model Year: 1995

Date Purchased
15-APR-05

Dealer's Name and Telephone Number

Engine:

Fuel Type:

No. Cylinders: 8

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

AUTOMATIC

Cruise Control

REAR WHEEL DRIVE

185000 VEHICLE SPEED CONTROL:CRUISE CONTROL

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-JUN-2005
Failure Mileage: 74000
Failure Speed: 2nd INCIDENT
74000 1st INCIDENT

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/B5R15): [REDACTED]

DOT No. (Example: DOTMALB8C038)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]

Seat Type: [REDACTED] Installation System: [REDACTED]

Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), cause(s), and injuries.)

Crash: Yes No
Fire: Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] 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).

DT: CONSUMER SAYS THAT 8 MONTHS AGO CRUISE CONTROL DEACTIVATION SWITCH BURNT THE WIRES ON THE WIRING HARNESS. CONSUMER HAD IT FIXED AT CONSUMER'S EXPENSE. 2 AND HALF WEEKS AGO THE CRUISE CONTROL DEACTIVATION SWITCH STARTED DOING THE SAME THING. CONSUMER NOTICED THAT FORD REPORTED ON THE NEWS AS HAVING A RECALL ON THE SAME THING. CONSUMER CONTACTED FORD, AND FORD TOLD CONSUMER THAT THIS VEHICLE WAS NOT PART OF RECALL. CONSUMER THEN HAD MECHANIC UNHOOK THE CRUISE CONTROL DEACTIVATION SWITCH, SO THAT SHE WOULD NOT HAVE TO WORRY ABOUT FUTURE FIRE, ESPECIALLY WITH HANDICAP HUSBAND IN VAN. AFTER HAVING SWITCH UNHOOKED CONSUMER FOUND THAT THIS ALSO DISABLED THE HORN. CONSUMER SAID THAT FORD WAS THE ONLY MANUFACTURER THAT HAD THE CAPABILITIES OF MAKING A HIGH TOP CONVERSION VAN WITH LOWERED FLOORS FOR POWER WHEEL CHAIRS, WHICH ARE LARGER THAN REGULAR WHEEL CHAIRS.

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.



Kenny Paltus



1-800-425-5447 BROOKWAY, NY 10084



8-20-04

1007

BALANCE FORWARDED	
TAX DEDUCTIBLE	30.00
BALANCE	
OTHER	
BALANCE FORWARDED	

0433068554 3888321475 1007

TAX DEDUCTIBLE ITEM

NOT NEGOTIABLE

This is a copy of a duplicate copy paid to Kenny Paltus to repair Cruise Control and wire harness that ~~was~~ was defective on our van - The cruise control deactivation switch was defective & burnt the wire harness. The horn would not work either because of the faulty switch which caused the wire harness to burn.

The first incident took place in March of 04 which we repaired at our own expense.

Now the replacement switch is causing the same problem so we disconnected the switch. Now the horn doesn't work because of the disconnected switch - thus causing a safety problem.

P.S. My husband is a C4 Quadriplegic - How can we see his arms or legs - How would I get him out of our van in case of fire?



Brookway, N.Y.

**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).**