



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) 2005 AUG 12 AM 7:30  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

Reference No.  
10127809

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: JACKSONVILLE State: TX 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 \_\_\_\_\_ Date: 8/12/05

**VEHICLE INFORMATION**

VIN: Vehicle Identification Number Located at bottom of windshield on driver's side 1FTEX14N1SK [REDACTED]		Make FORD	Model F150	Model Year 1995
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 1B6000 VEHICLE SPEED CONTROL-CRUISE CONTROL	
Multiple Failure: [REDACTED]				

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 03-JAN-2003	Failure Mileage	Failure Speed
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**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: 60TMA19ABC038)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
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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: VEHICLE CAUGHT ON FIRE. THE CONSUMER'S HUSBAND PUT OUT THE FIRE BEFORE THE FIRE DEPARTMENT ARRIVED. HE BURNED HIS HAND IN THE PROCESS. THE CONSUMER STILL HAS THE VEHICLE AND PICTURES OF IT. THE CONSUMER ONLY HAD LIABILITY INSURANCE ON THE VEHICLE BECAUSE IT WAS PAID OFF. THE VEHICLE HAD BEEN SITTING FOR ABOUT 6 HOURS WHEN IT CAUGHT ON FIRE. THE FIRE DEPARTMENT CLAIMED IT WAS ELECTRICAL WIRING. IT MELTED EVERYTHING. IT WAS MOSTLY ON THE DRIVER'S SIDE OF THE VEHICLE. CONSUMER CONTACTED FORD AND THEY SAID THEY WOULD SEND SOMEONE AND NEVER DID. WHEN FIRST BOUGHT THE VEHICLE THEY FIXED THE CRUISE CONTROL THEN TWO DAYS BEFORE THE FIRE, THE CRUISE CONTROL STOPPED WORKING. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 responses 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.