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

2006 FEB -7 AM 11: 34

FOR AGENCY USE ONLY 100148	
Date Received 29-NOV-2005	Repository ☐
	Reference No. 10143960

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City FORKS	State WA	Zip Code	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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTEX14Y	FORD	PICKUP	1994

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code	No. Cylinders	Gas

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☐ Antilock Brakes ☒ Cruise Control		185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-DEC-2003			

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No			Y

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: THE CONTACT RECEIVED NHTSA RECALL CAMPAIGN 05V170000 CONCERNING VEHICLE SPEED CONTROL: CRUISE CONTROL. BEFORE SHE COULD HAVE RECALL REPAIRS DONE SHE HAD TO GO OUT OF TOWN. WHILE THE VEHICLE WAS PARKED IT CAUGHT ON FIRE AND BURNED. THE VEHICLE WAS TOTALED. NO INJURIES REPORTED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Dear Ford Motor Company January 9, 2004

My name is [redacted]
and I would like to inform you of the
the where abouts of the 1994 F-150
Ford Truck VIN # 1FTEX1442[redacted]

Before I could have repairs done
on defective parts it was unavoidable
that I leave town. I had to drive the
truck across the Border to Mexico.

Shortly after crossing the Border
the truck caught fire, and burned
the truck was totaled. Fortunately
no one was injured. The fire Began inside.

Unfortunately I was unable
to obtain evidence photos and
the truck has been sitting there
Burned out, totaled and Stripped.
Since December 2003. Because of
the nature of Mexico there are
no fire departments, junkyards or
Standard police reports.

Included is a visitor pass
filled out by myself while visiting
in-laws in Ocuilan, Mexico. As

Stated above photos and police/
fire reports could not be included.
Because of the extent of the
damages to the truck it could
not be hauled back into of the
United States.
please contact me via phone [redacted]
thank you for your time....

Sincerely,

ESTADOS UNIDOS MEXICANOS

INM

FOLIO No. 0505024679

FORMA MIGRATORIA PARA TURISTA, TRANSMIGRANTE, VISITANTE PERSONA DE NEGOCIOS O VISITANTE CONSEJERO
MIGRATORY FORM FOR FOREIGN TOURIST, TRANSMIGRANT, BUSINESS VISITOR OR COUNCILOR VISITOR

I. PARA EL LLENADO DE ESTA FORMA UTILICE LETRA DE MOLDE / FOR THE FULFILLMENT OF THIS FORM PRINT OR TYPE

1 [redacted] NAME (S) (TAL COMO APARECE EN SU PASAPORTE) (EXACTLY AS IN PASSPORT)

2 Port Angeles USA Clallam

3 NACIONALIDAD ACTUAL / CURRENT NATIONALITY: Indian

4 FECHA DE NACIMIENTO / DATE OF BIRTH: [redacted]

5 SEXO / SEX

6 ESTADO CIVIL / CIVIL STATUS: [X] SOLTERO SINGLE [ ] CASADO MARRIED

7 [redacted] ADDRESS ABROAD — Calle y Número / Street and Number

Ciudad / City — Estado / State — País / Country: Neah Bay | Washington | USA

8 DESTINO PRINCIPAL EN MEXICO / MAIN DESTINATION IN MEXICO — Domicilio o Nombre del Hotel / Address or Hotel in Mexico: Occulan Mexico

Ciudad / City — Estado / State

9 NUMERO DE PASAPORTE / PASSPORT NUMBER: [redacted]

10 VIGENCIA / EXPIRATION DATE (día / mes / año) / (day / month / year)

11 LUGAR DE EXPEDICION / PLACE OF ISSUE: USA

12 Arnold Parson

13 MEDIO DE TRANSPORTE / TRANSPORTATION: Truck

14 EMPRESA TRANSPORTADORA / TRANSPORTATION COMPANY

UNICAMENTE VISITANTE PERSONA DE NEGOCIOS / ONLY BUSINESS VISITOR

15 EMPRESA EXTRANJERA DE LA QUE FORMA PARTE / OVERSEAS EMPLOYER COMPANY

Ciudad / City — Estado / State — País / Country

16 EMPRESA EN MEXICO CON LA QUE REALIZARA ACTIVIDADES / COMPANY IN MEXICO — Calle y Número / Street and Number

Ciudad / City — Estado / State — Número Telefónico / Telephone Number

17 ACTIVIDAD EN MEXICO / ACTIVITY IN MEXICO

[ ] PROFESIONAL PROFESSIONAL [ ] CONSEJERO / COUNCILOR [ ] VISITANTE PERSONA DE NEGOCIOS BUSINESS VISITOR [ ] TRANSFERENCIA DE PERSONAL / TRANSFER OF PERSONNEL

PAGO DE DERECHO PENDIENTE
PAGAR EN EL BANCO ANTES DE LA SALIDA
VIA DE INTERNACION TERRESTRE

II. PARA USO OFICIAL / FOR OFFICIAL USE ONLY

[X] TURISTA TOURIST [ ] TRANSMIGRANTE TRANSMIGRANT [ ] VISITANTE PERSONA DE NEGOCIOS / BUSINESS VISITOR / COUNCILOR VISITOR

A PARTIR DE LA FECHA DE ENTRADA / STARTING FROM DATE OF ENTRANCE: 180 DIAS DAYS

SONORA [illegible] INM

SELLO DE ENTRADA Y FIRMA DEL FUNCIONARIO QUE AUTORIZA / ENTRANCE SEAL AND SIGNATURE OF THE AUTHORIZING OFFICER

ESTADOS UNIDOS MEXICANOS

5-A

SELLO DEL BANCO

SAT

PAGO DE DERECHOS POR LA CALIDAD MIGRATORIA

FOLIO No. 0505024679

CLAVE				
SERVICIOS MIGRATORIOS ORDINARIOS (Fracciones I, II y VII del Artículo 8 de la Ley Federal de Derechos) ORDINARY MIGRATORY SERVICES (Fractions I, II and VII of the Article 8 of the Federal Tax Law)	400002	CANTIDAD A PAGAR AMOUNT TO BE PAID	700	1205

PARA INSTITUCION BANCARIA / FOR THE BANK