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Form Approved: O.M.B. No. 2127-0008

[redacted]

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236

www.safercar.gov

U.S. Department of Transportation

National Highway Traffic Safety Administration

OWNER INFORMATION (Type or Print)

Name [redacted]

Street [redacted] Apt. No.

City Channelview State TX Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO

In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance [redacted]

Signature of Owner [redacted] Date 12/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side: 1FTNW20F6YE[redacted]

Make: Ford | Model: F-250 | Year: 2000 | Current Mileage: 103K

Date Purchased: July 2000 ☒ Original Owner

Dealer's Name and Telephone Number: McRae Ford

Dealer's City: Dickenson State: TX Zip Code:

Engine: No. Cylinders: 8

Fuel Type: ☒ Gasoline ☐ Hybrid ☐ Gas ☐ Other

Transmission Type: ☐ Manual ☒ Automatic

☒ Anti-lock Brakes ☒ Cruise Control

Powertrain: ☐ All-Wheel Drive ☒ Rear-Wheel Drive ☐ Front-Wheel Drive ☐ Four-Wheel Drive

FAILED COMPONENT(S)/PARTS INFORMATION

Component Name | Incident Date(s) | Failure Mileage: 96K | Failure Speed: 70mph | Failure Location: ☒ Driver ☐ Passenger ☐ Front ☒ Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Maker/Brand: Firestone | Tire Model/Line: Steel Tex | Tire Name | Tire Size (Example: P215/65R15 95S): LT245/75 R16

DOT No. (Example: DOT MB3 BCCC0 on sidewall): LDM8 1XM 050 | ☐ Original Equipment ☐ Prior Repair

Failed Structure: ☐ Tread ☐ Sidewall ☐ Bead

Failure Type: ☒ Blowout ☐ Blister ☐ Crack ☐ Tore ☐ Tread Separation ☐ Road Hazard ☐ Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make | Date Manufactured | Model Number and Name

Seat Type: ☐ Infant ☐ Booster ☐ Integrated ☐ Convertible ☐ Other

Installed in Vehicle using/the: ☐ Vehicle safety belt(s) ☐ LATCH system* (*Vehicle info required)

Failed Part. Describe Failure Below: ☐ Base ☐ Harness/Buckle ☐ LATCH Connector ☐ Shell ☐ Handle ☐ Other

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s). Fail(ure(s), Crash(es), and Injury(ies))

Crash: ☐ Yes ☒ No | Fire: ☐ Yes ☒ No | Number of Persons Injured: 0 | Number of Deaths: 0 | Police Report No.: NA

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):

While driving on Freeway vehicle begin to vibrate and left rear tire blew out. [redacted]

[redacted]

Continue on back.

The Privacy Act of 1974 - Public Law 93-579. This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

[redacted]