



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

Repository

03-FEB-2008 2008 FEB 27

Reference No. 10149384

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City JEFFERSON CITY State MO Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an author [REDACTED] signature or address to the vehicle manufacturer. YES NO
Signature of Owner [REDACTED] Date 2/10/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTHX28F1TE [REDACTED]
Make FORD Model F-250 Model Year 1996
Date Purchased 01-JAN-96 Dealer's Name and Telephone Number FORD GROVES Engine: No. Cylinders 6 Fuel Type: Diesel
Original Owner Dealer's City CAPE GIRARDEAU State MO Zip Code [REDACTED]
Transmission Type Automatic Antilock Brakes Powertrain 4 WHEEL DRIVE Vehicle Component Code 185000 VEHICLE SPEED CONTROL:CRUISE CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-FEB-2008 Failure Mileage 208000 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/85R15) [REDACTED]
DOT No. (Example: DOTM4LSABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

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), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police [REDACTED]

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 STATED ONE YEAR AGO THE CRUISE CONTROL STOPPED WORKING. THERE WAS A BURNING SMELL WHEN THIS HAPPENED, BUT THE VEHICLE WAS NOT SEEN BY A MECHANIC. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP FOR REGULAR MAINTENANCE, AND THE CONTACT WAS ALERTED THERE IS A RECALL FOR THE VEHICLE SPEED CONTROL, #05Y388000. THE VEHICLE DID NOT HAVE THE FAILURE ASSOCIATED WITH THE RECALL AND IS NOT INCLUDED DUE TO THE VIN.

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

The Privacy Act of 1974-Public Law 93-578 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.