



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

21-AUG-2006

Repository

Reference No.
10166137

OWNER INFORMATION (Type or Print)

Name

Address

City CUSICK

State WA

Zip Code

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?
In the absence of a signature or address to the vehicle manufacturer.
Signature of Owner _____ Date: 12/1/06 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
FORD

Model
F250 HD

Model Year
2001

Date Purchased
01-OCT-01

Engine:
No: Cylinders 8

Fuel Type:
Diesel

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
150000 SEAT BELTS

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-OCT-2001

Failure Mileage
0

Failure Speed

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: DOTM9ABC036)

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

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

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*: THE CONTACT STATED THE FRONT CENTER SEAT BELT LOOSENED AND FAILED TO STAY TIGHT. IF THE BELT IS PULLED IT WILL TIGHTEN, BUT IT HAS TOO MUCH PLAY AND MAY NOT ACCURATELY HOLD THE PASSENGER IN THE EVENT OF AN ACCIDENT. THE BUCKLE WILL NOT COME UNDONE. THE SERVICE DEALER REPLACED THE SEAT BELT THREE TIMES AND THE DEALER CLAIMS THE BELT WORKED EVEN THOUGH IT IS LOOSE AND THE DEALER WILL NOT CHANGE IT ANYMORE. THIS HAS BEEN AN ISSUE SINCE THE VEHICLE WAS FIRST ACQUIRED WHEN IT WAS NEW.

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 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.