



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-AUG-2007

2007 AUG 31 PM 12:40

Reference No.

10198446

OWNER INFORMATION (Type or Print)

Name

Address

City

LEXINGTON

State

KY

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? ☒ 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

2FTRX07L1

Make

FORD

Model

F-150

Model Year

2000

Date Purchased

01-AUG-06

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

115000 ELECTRICAL SYSTEM:FUSES AND CIRCUIT BREAKERS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

17-MAY-2007

Failure Mileage

Failure Speed

0

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: DOTM19ABC036)

☐ 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

0

Number of Deaths

0

Reported to Police

+ YES

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).

TL*THE CONTACT OWNS A 2000 FORD F-150. THE CONTACT STATED THAT THE VEHICLE CAUGHT FIRE WHILE PARKED IN THE DRIVEWAY. THE FIRE DEPARTMENT STATED THAT THE FIRE STARTED EITHER IN OR NEAR THE FUSE BOX. THE CURRENT AND FAILURE MILEAGE WAS UNAVAILABLE.

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.

PROC: INCILP

DATE: 8/17/07 11:29:46

LEXINGTON FIRE DEPARTMENT

INCIDENT DETAIL REPORT

PAGE: 1

USER: PERSON

Incident/Exp 13004 COMPLETE

A. FDID 34155 Date 5/18/07 Day: Friday Station E13

B. Location..... 3 In front of
Address-Street#/Name [REDACTED] Suite
City/State/Zip... LEXINGTON KY [REDACTED] Town LEX
Cross St/Directions. [REDACTED]
Census Tract..... 002200 Census Block Box# 88470

C. Incident Type..... 131 Passenger vehicle fire

D. Mutual Aid..... N None

E. Dates and Times: Time(hhmmss) Date
Alarm..... 5:17:33 5/18/07
Enroute..... 5:18:47 5/18/07
Arrival..... 5:24:50 5/18/07
Controlled.....
Last Unit Cleared... 6:36:27 5/18/07

Shift/Platoon..... 2 Alarms 01 District E13

Method of Alarm..... 7 Tie-line

F. Action Taken Primary. 86 Investigate
Additional 11 Extinguish by fire service personnel

G. Resources	Apparatus	Personnel		
Suppression.....	1	3		
EMS.....				
Other.....	1	1		
Est Property Loss....	10000	Est Contents Loss.	1000	
Property Value.....	10000	Contents Value....	1000	

H. Casualties:
Fire Service: Deaths Injuries Other: Deaths Injuries
Detector alerted....
HazMat Release..... N None

I. Mixed Use Property.. NN Not mixed use

J. Property Use..... 962 Residential street, road or residential driveway

K. Person/Entity Involved

Telephone..... [REDACTED]
Name..... [REDACTED]
Address..... [REDACTED]
LEXINGTON KY [REDACTED]

K. Owner Same as person involved

Comments

PROC: INCILP
DATE: 8/17/07 11:29:46

LEXINGTON FIRE DEPARTMENT
INCIDENT DETAIL REPORT

PAGE: 2
USER: PERSON

Incident/Exp 13004 COMPLETE

Comments

Dispatched to a vehicle fire at the above address. Upon arrival found a pickup truck fully involved. We pulled a crosslay and was able to put the fire out. There was nobody around the truck so we called for 10-21. They ran the tags and the owner lived at the location. We woke up the owner and he advised that he got home around 11:30 from work. He said he had replaced a fuse earlier yesterday and a fuel sensor last week and that the truck was running fine. WE called for 435 to respond and he did. After talking with the owner and looking at the truck he was unable to determine what started the fire but thought it was probably electrical.

M. Officer In Charge

Personnel ID/Name... 29422 DEVINE, KEVIN B.
Position or Rank.... E13L E13-Lieute
Assignment..... 1 FIRE SUPPR
Date..... 5/18/07

Individual Making Report

Personnel ID/Name... 29422 DEVINE, KEVIN B.
Position or Rank.... E13L E13-Lieute
Assignment..... 1 FIRE SUPPR
Date..... 5/18/07

Individual Completing Report

Personnel ID/Name... 29422 DEVINE, KEVIN B.
Date..... 5/18/07

Fire

B. Property Details

#Residential Units.. Not Residential
#Buildings Involved. Buildings Not Involved
#Acres Burned..... None

C. On-Site Materials None

D. Ignition

Area of origin..... 83 Engine area, running gear, wheel area
Heat Source..... UU Undetermined
Fire confined origin
Item 1st Ignited.... UU Undetermined
Type Material..... UU Undetermined

E. Cause of Ignition.. U Cause undetermined after investigation

Ignition Factor None

Human Factors Contributing to Ignition:
None

F. Equipment Involved in Ignition None

G. Fire Suppression Factors None

PROC: INCILP

LEXINGTON FIRE DEPARTMENT

PAGE: 3

DATE: 8/17/07 11:29:46

INCIDENT DETAIL REPORT

USER: PERSON

Incident/Exp 13004 COMPLETE

H. Mobile Property Involved

Involved..... 3 Involved in ignition and burned
Type..... 10 Passenger road vehicle, other
Make..... FO Ford
Model..... F150
Year..... 2000
License Plate Number 677-FKT
State..... KY
VIN Number..... 2FTRX07L1Y [REDACTED]

Responding Vehicles

<u>Veh#</u>	<u>Vehicle Description</u>	<u>Id No</u>	<u>Name</u>
435	INVESTIGATOR	28367	SMITH, KEITH L.
E13	ENGINE 13	37591	SAWYER, JOHN

Responding Personnel

<u>ID No</u>	<u>Name</u>	<u>Position</u>	<u>Veh #</u>
28367	SMITH, KEITH L.	Driver	435
29422	DEVINE, KEVIN B.	Lieutenant	E13
36213	MCCLAIN, BRADFORD H.	Firefighter	E13
37591	SAWYER, JOHN	Driver	E13

KY Online Vehicle Information System

[Print](#) | [Back](#) | [Search for Records](#) | [View Recently Retrieved Records](#)

Vehicle Information	
VIN	2FTRX07L1Y [REDACTED]
Vehicle Model Year	2000
Vehicle Type	TRUCK
Vehicle Make	FORD
Vehicle Model	F150
Cylinders	08
Odometer Brand	
Title Brand	UNKNOWN BRAND
Taxes are Owed?	No
Taxable Value	10675.00

Registration Information	
Plate Number	[REDACTED]
Registration Type	REGULAR REGIS.
Registration Status	ACTIVE
Registration Date	09/18/2006
Expiration Date	01/31/2007
Plate Series Year	03

Printed Title Information	
Owner 1	CARS 4 ALL
Owner 2	
Title Number	[REDACTED]
Title Type	TRANSFER
Title Status	ACTIVE
Odometer	0120100

Dealer Assignment Title	
Owner 1	
Owner 2	
Title Number	
Title Type	
Title Status	
Odometer	

First Lien Information	
Name	DSC
City	LEXINGTON
State	KY

Second Lien Information	
Name	
City	
State	

Timestamp: 12/18/2006 9:50:03 AM

Record Result ID: 00f02b35-4c13-420f-8c2e-9392be2bb292

Record Transaction ID: 704823

Your account has been billed \$0.44 for this transaction.


Lexington, KY

June 22, 2007

Ford Motor Company
Customer Relationship Center
P.O. Box 6248
Dearborn, MI 48126

To Whom It May Concern:

On August 2006 I bought a 2000 Ford F-150 Harley Davidson Edition truck from your dealership.

On May 17, 2007 at approximately 5:30 a.m., I was awakened by a knock on my door. Upon opening the door, a Lexington policeman and a Lexington fireman informed me the truck was on fire and could not be extinguished.

The investigation by the local fire department indicated the fire started in the area near or in the fuse box. (Please refer to the enclosed photographs.) Additionally, I have discovered additional information in relation to there being a potential fire hazard with this make and model of vehicle. (Please see enclosed copies of this information.)

By contacting you prior to implementing further proceedings, I am hoping that you will be willing to work with me in resolving this, as I am still making payments on a vehicle that is not operable due to a factory defect.

Also enclosed is a copy of the business card from the investigation from the fire department should you wish to speak with him. Feel free to contact me at 

Respectfully,



Enclosures



Consumer Affairs

Regent Court Building
PO Box 6248, MD 3NE-B
Dearborn, MI 48126 USA

June 29, 2007

[REDACTED]
Lexington, KY [REDACTED]

RE: 2000 F-Series

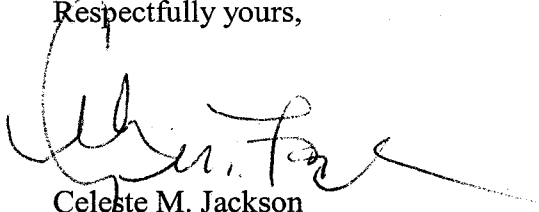
Dear [REDACTED]

In order to conduct a review of your concern we will need **one** of the following: a proof of insurance, a copy of the vehicle's registration, or a purchase agreement to **confirm** the Vehicle Identification Number (VIN) and/or vehicle ownership. Please forward the requested documentation within ten (10) days via fax to (313) 845-5668 **OR** to the following mailing address:

Ford Motor Company Consumer Affairs
Attention: **Celeste M. Jackson**
P.O. Box 6248, Mail Drop # 3NE-B
Dearborn, MI 48126

Once the requested information is received your concern will be assigned for appropriate handling. If the requested information is not submitted your concern can not be opened and a review will not be conducted.

Respectfully yours,


Celeste M. Jackson
Consumer Affairs



[REDACTED]
Lexington, KY
[REDACTED]

July 9, 2007

Ford Motor Company Consumer Affairs
ATTN: Celeste M. Jackson
P.O. Box 6248, Mail Drop #3NE-B
Dearborn, MI 48126

Dear Ms. Jackson:

Thank you for your quick response to my letter. Enclosed are the requested documents that indicate the Vehicle Identification Number (VIN) and vehicle ownership.

Your cooperation and timely effort to resolve this issue is greatly appreciated. Thank you for all of your help.

Respectfully,
[REDACTED]

Post-it® Fax Note 7671		Date	7/9/07	# of pages	4
To		Celeste Jackson			
From		[REDACTED]			
Co./Dept.		FORD Consumer Affairs			
Phone #		[REDACTED]			
Fax #		313 845 5658			



Consumer Affairs

Regent Court Building
PO Box 6248, MD 3NE-B
Dearborn, MI 48126 USA

Sent Via U.S. Mail

July 11, 2007

Cars 4 All
257 Stallion Run
Lexington, KY 40511

Attention: [REDACTED]

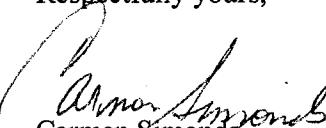
RE: 2000 F-Series Truck
VIN: 2FTRX07L1Y [REDACTED]

Dear Mr [REDACTED]

Thank you for contacting Ford Motor Company regarding your 2000 F-Series Truck. Our office has investigated your concern. Due to the extensive amount of damage to the vehicle, we were unable to verify a manufacturer's defect. Consequently, Ford Motor Company is unable to offer you assistance at this time.

We regret that our decision could not be more favorable, but appreciate the time taken to bring this to our attention.

Respectfully yours,


Carmen Simonds
Consumer Affairs

