



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

2007 NOV - 6 AM 8:30
22-OCT-2007

FOR AGENCY USE ONLY 100148

Date Received

Repository []

Reference No. 10206548

OWNER INFORMATION (Type or Print)

Name CECILE CARROLL

Daytime Telephone Number 5085589212

E-mail Address

Address 215 STADSON ST. Stetson St

City FAR RIVER

State MA

Zip Code 02720

Evening Telephone Number 508673-9746

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner Cecile Carroll Date 10/30/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FCNF53S520A09228

Make FORD

Model MOTOR HOME

Model Year 2003

Date Purchased 10-NOV-03

Dealer's Name and Telephone Number

Engine: No: Cylinders

Fuel Type: Gas

Original Owner []

Dealer's City

State

Zip Code

Transmission Type AUTOMATIC

[X] Antilock Brakes [X] Cruise Control

Powertrain UNKNOWN

Vehicle Component Code 185000 VEHICLE SPEED CONTROL:CRUISE CONTROL

Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 06-SEP-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 [X] No

Fire [] Yes [X] No

Number of Persons Injured 0

Number of Deaths 0

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).

TL*THE CONTACT OWNS A 2003 FORD STRIPPED CHASSIS GEORGETOWN MOTOR HOME. THE CONTACT RECEIVED A RECALL NOTICE IN SEPTEMBER OF 2007 FOR THE VEHICLE SPEED CRUISE CONTROL. SHE NOTIFIED THE DEALER AND THEY PROVIDED HER WITH A LIST OF PLACES THAT WOULD REPAIR HER VEHICLE. SHE CALLED TO SET UP AN APPOINTMENT AND WAS INFORMED THAT THE PARTS WOULD REMAIN UNAVAILABLE UNTIL OCTOBER. SHE CALLED AGAIN IN OCTOBER AND WAS INFORMED THAT THE PARTS WOULD BE UNAVAILABLE UNTIL JANUARY OF 2008. THE SPEED CONTROL SWITCH HAS NOT BEEN DEACTIVATED. THE ENGINE SIZE, NUMBER OF CYLINDERS, RECALL NUMBER, AND POWERTRAIN WERE UNKNOWN. THERE HAD BEEN NO FAILURE TO DATE. THE CURRENT MILEAGE WAS 20,617.

Recall 05528 on 10/24/07 Sharcham Ford of Sharcham, MA deactivated the cruise control as a safety measure. We are to contact them again after January 2008 re: replacement parts

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.