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

2008 JAN 17 PM 12:05

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
20-DEC-2007	Reference No. 10212436

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number SAME	
City TITUSVILLE **State** FL **Zip Code** [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an au[redacted]ide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 1/31/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FCNF53S720[redacted]	FORD	MOTOR HOME	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
03-AUG-03	GREENWAY FORD			No: Cylinders 10	Gas
Original Owner ☒	Dealer's City ORLANDO	State FL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-SEP-2006	~~25000~~ 27000	0	Cruise Control Recall

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 MOTOR HOME. THE CRUISE CONTROL WAS DISCONNECTED IN SEPTEMBER OF 2007, UNDER RECALL NUMBER 05S28. THE VEHICLE IS USED TO TRAVEL FREQUENTLY AND IS IN NEED OF THE CRUISE CONTROL. THE CONTACT FELT THAT THE REPAIR HAS SURPASSED A REASONABLE AMOUNT OF TIME. THE DEALER IS CURRENTLY STATING THAT THE PART WILL NOT BE AVAILABLE UNTIL MARCH OF 2008. THE CURRENT AND FAILURE MILEAGES WERE 25,000.

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