

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                         |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | FOR AGENCY USE ONLY 100148                                                                                              |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | Date Received<br><b>21 FEB 2008</b>                                                                                     | Repository <input type="checkbox"/> |
| <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | Reference No.<br>10219208                                                                                               |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                         |                                     |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                                         |                                     |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | Daytime Telephone Number                                                                                                |                                     |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | Evening Telephone Number                                                                                                |                                     |
| City<br>BURLINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State<br>IA                                                                                               | Zip Code                                                                                                                |                                     |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                                         |                                     |
| Signature of Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | Date <b>3/5/08</b>                                                                                                      |                                     |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                         |                                     |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>3FCNF53S2X                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | Make<br>FORD                                                                                                            | Model Year<br>1999                  |
| Date Purchased<br>09-OCT-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dealer's Name and Telephone Number                                                                        |                                                                                                                         | Model<br>F53                        |
| Original Owner <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dealer's City                                                                                             | State                                                                                                                   | Fuel Type:<br>Gas                   |
| Transmission Type<br>AUTOMATIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Engine:<br>No. of Cylinders <b>10</b><br>Vehicle Component Code<br>4180000 VEHICLE SPEED CONTROL<br>Multiple Failure: 0 |                                     |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                         |                                     |
| Incident Date(s)<br>12-SEP-2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Failure Mileage                                                                                           | Failure Speed<br>0                                                                                                      |                                     |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                         |                                     |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tire Model (Name or Number)                                                                               |                                                                                                                         | Tire Size (Example P215/65R15)      |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                      |                                                                                                                         | Failure Location:                   |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | Tire Failure Type                                                                                                       |                                     |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                         |                                     |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date Manufactured:                                                                                        | Model No./Name:                                                                                                         |                                     |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Installation System:                                                                                      |                                                                                                                         |                                     |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Failed Part:                                                                                              |                                                                                                                         |                                     |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                         |                                     |
| <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                         |                                     |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               | Number of Persons Injured<br>0                                                                                          | Number of Deaths<br>0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | Reported to Police<br>N                                                                                                 |                                     |
| <b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b><br><b>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).</b>                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                                                         |                                     |
| TL*THE CONTACT OWNS A 1999 FORD F53. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 07V336000 (VEHICLE SPEED CONTROL). THE PART FOR THE RECALL REPAIR WAS UNAVAILABLE. THERE HAD BEEN NO FAILURE TO DATE. THE ENGINE SIZE WAS UNKNOWN. THE CURRENT MILEAGE WAS 58,200.                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                                                         |                                     |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                         |                                     |
| 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 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. |                                                                                                           |                                                                                                                         |                                     |

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

There is NO EXCUSE FOR FORD TAKING SO LONG TO REMEDY THIS!!  
Now they ARE OFFERING TO DISCONNECT the CRUISE CONTROL UNTIL they FIGURE OUT what  
TO DO. NOT BEING ABLE to use the CRUISE CONTROL IS TOTALLY UNACCEPTABLE!!  
Now they ARE OFFERING TO PUT IN A DEFECTABLE LINK IN the WIRING to the  
CRUISE CONTROL SWITCHING...  
I feel this is a BAND-AID FIX, AND IF (obviously they were) the  
CRUISE CONTROL SWITCHES WERE DEFECTIVE, THEN FORD SHOULD REPLACE  
THE ENTIRE SWITCH!!

ATTACH ADDITIONAL SHEETS IF NECESSARY

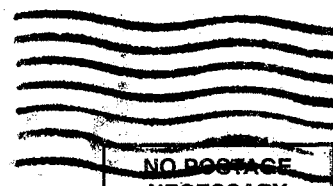
F. Elwin Kendall  
2529 Cliff Road  
Burlington, Iowa 52601

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



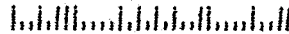
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
400 7th Street, SW  
Washington, DC 20590



Think your vehicle  
has a safety defect?



If so:

Use the enclosed  
form to file a report.

or visit:

[www.safercar.gov](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
888-327-4236



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration