



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 MAY

FOR AGENCY USE ONLY 100148

Date Received **3 AM 10:54** Repository
 17-APR-2008

Reference No.
10224825

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City HOUSTON State TX Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
 Evening Telephone Number **SAME**

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
 1FDEE14N3S [REDACTED] Make FORD Model ECONOLINE Model Year 1995

Date Purchased **7/20/96** Dealer's Name and Telephone Number **MARSHALL FORD 713-426-3673** Engine: No: Cylinders **8** Fuel Type: Gas

Original Owner Dealer's City **HEMPSTEAD TX** State **TX** Zip Code **77445**

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-FEB-2008 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 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 1995 FORD F150 ECONOLINE. THE CONTACT RECEIVED A SAFETY RECALL NOTICE IN FEBRUARY OF 2008 REGARDING THE VEHICLE SPEED CONTROL: CRUISE CONTROL. FORD STATED THAT THE PART WAS UNAVAILABLE AND ADVISED THE CONTACT TO DISCONNECT THE CRUISE CONTROL HIMSELF. THERE HAD BEEN NO FAILURE TO DATE. THE PURCHASE DATE AND RECALL NUMBER WERE UNKNOWN. THE CURRENT MILEAGE WAS 91,000.

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 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.