



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
2000 JAN 14 PM 1:44 -888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

Date Received 29-DEC-2008	Repository <input type="checkbox"/>
	Reference No. 10253118

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City SANDERSON State FL Zip Code	Evening Telephone Number	
Do you authorize NHTSA to use information from this report of your vehicle? In the absence of a signature, this report is addressed to the vehicle manufacturer. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Signature of Owner _____ Date 1/3/09		

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMEU15N5	Make FORD	Model BRONCO	Model Year 1994
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 15-SEP-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM	Failure Mileage 107000	Failure Speed 0
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 1994 FORD BRONCO. THE CONTACT IS ABLE TO START THE ENGINE WITH OR WITHOUT THE KEY IN THE IGNITION. HE SIMPLY GRABS AND TURNS THE METAL PIECE WHERE THE KEY IS PLACED. HE IS CONCERNED THAT ANYONE CAN START AND STEAL THE VEHICLE. HE HAS A FRIEND WITH THE SAME VEHICLE WHO ALSO EXPERIENCES THIS FAILURE. THE CONTACT HAS NOT TAKEN THE VEHICLE TO A SHOP OR MECHANIC. IT HAS NEVER BEEN DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS 107,000 AND CURRENT MILEAGE WAS 180,000.

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 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.