 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		FOR AGENCY USE ONLY 100148	
		Date Received 22-JUL-2014 SEP 12 2014	Repository <input type="checkbox"/> Reference No. 10615244
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address NOEMAIL@UNK.GOV
Address		Evening Telephone Number	
City ENNIS	State TX	Zip Code	
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTWX33P74E		Make FORD	Model F-350
		Model Year 2004	
Date Purchased 5-2014	Dealer's Name and Telephone Number Ford House Cars		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City Cars	State TX	Zip Code 75119
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4-wheel Drive	Multiple Failure: Incident Date(s) 13-JUN-2014
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 110000 ELECTRICAL SYSTEM		Failure Mileage 18000	Failure Speed Stopped and any speed
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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)</i>			
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	
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 2004 FORD F-350. THE CONTACT STATED THAT WHILE AT A STOP, THE VEHICLE SURGED FORWARD. THE CONTACT ALSO STATED EXCESSIVE FORCE WAS APPLIED TO THE BRAKE PEDAL WHEN MAKING A STOP. IN ADDITION, THE VEHICLE STALLED ON MULTIPLE OCCASIONS. THE VEHICLE WAS ABLE TO RESTART. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER, WHO DIAGNOSED THAT AN OIL CHANGE AND THE ICP SENSOR NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED BUT THE FAILURE RECURRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND STATED THAT THE VEHICLE WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER: 05V270000 (ELECTRICAL SYSTEM). THE APPROXIMATE FAILURE MILEAGE WAS 18,000.			
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.			

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

When at a stop Surges - well die ever while driving down highway - while driving at any speed it will surge and then cut out, and most times die. You have to put in manual and restart and hope you don't get hit by another vehicle. Took it back to the dealer multiple times only for them to give it back, and say they don't know. Drive it like you stole it, next time it just maybe that will be it. Attached all copies of repairs that didn't work

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

NORTH TEXAS TX PSDC

DALLAS TX 752

26 AUG 2014 PM

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-210 1200 New Jersey Avenue SE, Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

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

ENNIS FORD

35665

154224

www.ennisford.com

INVOICE

900 N I-45
ENNIS, TX 75119
PHONE (972) 875-9067
METRO 878-0442

ENNIS, TX
HOME: [REDACTED]

BUS:

PAGE 1

SERVICE ADVISOR: 4380 THOMAS L BONNER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
BLACK	04	FORD F350 PICKUP	1FTWX33P74E [REDACTED]		22949/22954	T802	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
01JAN04 IS			18:00 16JUL14		0.00	CASH	16JUL14
R.O. OPENED	READY	OPTIONS: STK: [REDACTED] DLR:03829 ENG:6.0_Liter					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A C/S ENGINE SURGES AT IDLE AND HWY SPEED

1	REPLACE ICP SENSOR						
	4201 CP					163.50	163.50
	1 4C3Z*9F838*A SENSOR ASY					167.15	167.15
PARTS:	167.15	LABOR:	163.50	OTHER:	0.00	TOTAL LINE A:	330.65

...., RUN DIAG ON ENGINE REC CODES P2285, P2287 PINPOINT TEST AND REPLACE
, ICP SENSOR. ROADTEST AND REC HECK, ALL PASS

B PERFORM MULTI POINT INSPECTION

99P	PERFORM MULTI POINT INSPECTION						
	4420 ISP						(N/C)
	GBATT BATTERY OKAY AT THIS TIME						(N/C)
	4420 ISP						(N/C)
	GTIRE TIRE TREAD 7/32 OR BETTER						(N/C)
	4420 ISP						(N/C)
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00

Paid
Thank

...., MULTIPPOINT INSP

C** OIL AND FILTER CHANGE ON 6.0L DIESEL

LOF60	OIL AND FILTER CHANGE ON 6.0L DIESEL						
	4420 CO					10.88	10.88
	1 3C3Z*6731*AA KIT - ELEMENT & GASKET - OIL F					29.43	19.75
	15 XO*15W40*BSD MOTORCRAFT SAE 15W-40 API CJ-4					2.68	2.68
PARTS:	59.95	LABOR:	10.88	OTHER:	0.00	TOTAL LINE C:	70.83

...., OIL AND FILTER CHANGE

CUSTOMER PAY ENVIROMENTAL FEE FOR REPAIR ORDER 2.22

Authorized Signature And Date				STATEMENT OF DISCLAIMER				DESCRIPTION		TOTALS		
PROGRAM CODE		AUTHORIZATION NUMBER		COMMITMENT NUMBER		Any warranties on the product sold hereby are those made by the manufacturer. The seller, ENNIS FORD, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and ENNIS FORD neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.				LABOR AMOUNT		
PARTS SUB TOTAL		ALLOWANCE	PLUS PRICE DIFF	LESS REC	TOTAL PARTS	TOTAL LABOR	TOTAL CLAIM	PARTS AMOUNT				
DATE INSTALLED		ACCURED MILEAGE		VISITING OWNER	CROSS REFERENCED TO		SUBLET AMOUNT					
MO	DAY	YR	CUSTOMER PARTICIPATION OR DEDUCTIBLE		PARTS PRO RATA PERCENT	LABOR PRO RATA PERCENT		Deductible / Shop supplies				
DEALER PARTICIPATION		CUSTOMER PARTICIPATION OR DEDUCTIBLE		PARTS PRO RATA PERCENT	LABOR PRO RATA PERCENT		TOTAL CHARGES					
ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.		CUSTOMER SIGNATURE				PLEASE PAY THIS AMOUNT						

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER COPY

ENNIS FORD

35665

154224

www.ennisford.com

INVOICE

900 N I-45
 ENNIS, TX 75119
 PHONE (972) 875-9067
 METRO 878-0442

PAGE 2

ENNIS, TX
 HOME: [REDACTED] BUS:

SERVICE ADVISOR: 4380 THOMAS L BONNER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
BLACK	04	FORD F350 PICKUP	1FTWX33P74E [REDACTED]		22949/22954	T802	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN04 IS			18:00 16JUL14		0.00	CASH	16JUL14
R.O. OPENED	READY	OPTIONS: STK: [REDACTED]		DLR:03829 ENG:6.0_Liter			
07:36 16JUL14	16:25 16JUL14						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
***** *** OUR GOAL IS FOR YOU TO BE COMPLETELY *** *** SATISFIED. YOU MAY RECEIVE A SURVEY *** *** ABOUT THE SERVICE YOU RECEIVED IF YOU *** *** CAN NOT CHECK "COMPLETELY SATISFIED" *** *** AND "EXCELLENT" PLEASE LET US KNOW *** *****							

Authorized Signature And Date				STATEMENT OF DISCLAIMER			DESCRIPTION		TOTALS								
PROGRAM CODE		AUTHORIZATION NUMBER		COMMITMENT NUMBER		LABOR AMOUNT			174.38								
PARTS SUB TOTAL		ALLOWANCE		PLUS PRICE DIFF		LESS REC		TOTAL PARTS		TOTAL LABOR		TOTAL CLAIM		PARTS AMOUNT		227.10	
SERVICE INTALLED PARTS				VISITING OWNER		CROSS REFERENCED TO		SUBLET AMOUNT			0.00						
DATE INSTALLED		ACCURED MILEAGE		ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER, THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.			Deductible / Shop supplies			2.22							
MO	DAY	YR	DEALER PARTICIPATION		CUSTOMER PARTICIPATION OR DEDUCTIBLE		PARTS PRO RATA PERCENT		LABOR PRO RATA PERCENT		TOTAL CHARGES			403.70			
										LESS DISCOUNT			0.00				
										SALES TAX			17.77				
										PLEASE PAY THIS AMOUNT			421.47				

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

CUSTOMER COPY

VEHICLE REPORT CARD



MULTI-POINT INSPECTION AS RECOMMENDED BY FORD MOTOR COMPANY

Date: _____ RO/Tag #: _____
 Name: _____
 Email: _____
 Year/Make/Model: _____
 VIN #: _____ Plate #: _____
 Odometer: _____ Inspect. Month: _____
 Owner Advantage Rewards® #: _____ Service Balance: _____
 Ford Extended Service Plan: YES NO
 SYNC® MyFord Touch version current: YES NO N/A

LEGEND May contribute to vehicle efficiency and promote a greener environment
 Checked and OK at this time May require future attention Requires immediate attention

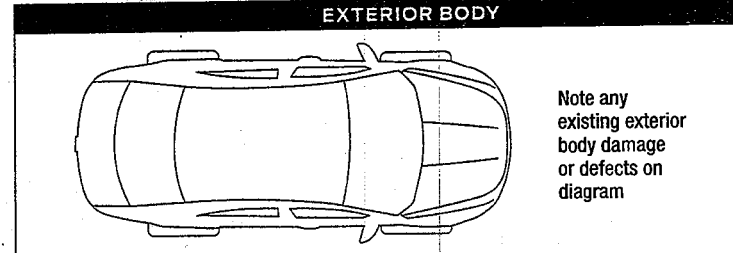
SCHEDULED MAINTENANCE ITEMS*			
DUE	SERVICED	DUE	SERVICED
<input type="checkbox"/> THE WORKS	<input type="checkbox"/>	<input type="checkbox"/> Engine Air Filter	<input type="checkbox"/>
<input type="checkbox"/> Oil Change & Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/> Engine Coolant	<input type="checkbox"/>
<input type="checkbox"/> Tire Rotation	<input type="checkbox"/>	<input type="checkbox"/> Transmission Fluid &/or Filter	<input type="checkbox"/>
<input type="checkbox"/> Multi-Point Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/> Cabin Air Filter	<input type="checkbox"/>
<input type="checkbox"/> Fuel Filter	<input type="checkbox"/>	<input type="checkbox"/> Spark Plugs	<input type="checkbox"/>
<input type="checkbox"/> _____ K Scheduled Maintenance	<input type="checkbox"/>		<input type="checkbox"/>

*This is only a partial list of vehicle maintenance items and is NOT all-inclusive. Please consult your Owner's Manual or visit FordOwner.com for vehicle-specific maintenance requirements.

FLUID LEVELS				SERVICED
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Oil and/or fluid leaks				
<input checked="" type="checkbox"/> Engine Oil	<input checked="" type="checkbox"/> Power Steering	<input checked="" type="checkbox"/> Transmission (if equipped with dipstick)		
<input checked="" type="checkbox"/> Brake Reservoir	<input checked="" type="checkbox"/> Window Washer	<input checked="" type="checkbox"/> Coolant Recovery Reservoir		

WIPER BLADES				SERVICED
<input type="checkbox"/> Test Performed	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Rear		<input type="checkbox"/>

BATTERY				SERVICED
State of Health		Battery Condition		<input type="checkbox"/>
0%		100%		
Factory spec cold cranking amps _____		Actual cold cranking amps _____		



SYSTEMS / COMPONENTS			SERVICED
LIGHTS / WINDSHIELD			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Operation of horn, interior lights, exterior lamps, turn signals, hazard and brake lamps	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Windshield for cracks, chips and pitting	<input type="checkbox"/>
BELTS / HOSES / MOUNTS			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HVAC system and hoses / lines for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Engine Cooling System, radiator, hoses and clamps	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Accessory drive belt(s)	<input type="checkbox"/>
BRAKE SYSTEM			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brake system (including lines, hoses, and parking brake)	<input type="checkbox"/>
STEERING / SUSPENSION			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Shocks / struts and other suspension components for leaks and/or damage	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steering, steering linkages and ball joints (visual)	<input type="checkbox"/>
EXHAUST SYSTEM			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Exhaust system and heat shield (leaks, damage, loose parts)	<input type="checkbox"/>
TRANSMISSION / DRIVE AXLE			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clutch operation (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Constant velocity (CV) drive axle boots (if equipped)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)	<input type="checkbox"/>

TIRE / BRAKE WEAR							
TIRE TREAD		7/32" and greater		4/32" to 6/32"		3/32" and less	
BRAKE LINING		Over 5mm or 7/32" (Disc) or Over 2mm or 3/32" (Drum)		3 to 5mm or 4/32" to 7/32" (Disc) or 1.01 to 2mm (Drum) or 2/32" to 3/32"		Less than 3mm or 4/32" (Disc) or 1mm or 2/32" or less (Drum)	
<input type="checkbox"/> Alignment check needed	<input type="checkbox"/>	<input checked="" type="checkbox"/> LEFT FRONT		<input checked="" type="checkbox"/> RIGHT FRONT			
<input type="checkbox"/> Wheel balance needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tire Tread Depth _____/32" Tire Age _____	<input checked="" type="checkbox"/>	Tire Tread Depth _____/32" Tire Age _____		
		<input checked="" type="checkbox"/>	Tire Wear Pattern / Damage	<input checked="" type="checkbox"/>	Tire Wear Pattern / Damage		
		<input checked="" type="checkbox"/>	Tire Pressure set to factory-recommended PSI	<input checked="" type="checkbox"/>	Tire Pressure set to factory-recommended PSI		
		<input checked="" type="checkbox"/>	Brake Lining _____ mm _____/32"	<input checked="" type="checkbox"/>	Brake Lining _____ mm _____/32"		
		<input checked="" type="checkbox"/> LEFT REAR		<input checked="" type="checkbox"/> RIGHT REAR			
		<input checked="" type="checkbox"/>	Tire Tread Depth _____/32" Tire Age _____	<input checked="" type="checkbox"/>	Tire Tread Depth _____/32" Tire Age _____		
		<input checked="" type="checkbox"/>	Tire Wear Pattern / Damage	<input checked="" type="checkbox"/>	Tire Wear Pattern / Damage		
		<input checked="" type="checkbox"/>	Tire Pressure set to factory-recommended PSI	<input checked="" type="checkbox"/>	Tire Pressure set to factory-recommended PSI		
		<input checked="" type="checkbox"/>	Brake Lining _____ mm _____/32"	<input checked="" type="checkbox"/>	Brake Lining _____ mm _____/32"		
		<input checked="" type="checkbox"/> SPARE TIRE		<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	Tire Pressure set _____ Tire Age _____	<input checked="" type="checkbox"/>			

Brake measurements not taken this service visit

Comments: _____

FordOwner.com
 One site for all your vehicle needs

Advisor: _____ Technician: _____
 Customer Signature: _____