 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received 29-AUG-2014 001 07 2014	Repository <input type="checkbox"/> Reference No. 10629323
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	
Address [REDACTED]		E-mail Address NOEMAIL@UNK.GOV	
City SHELDON	State IL	Zip Code [REDACTED]	
<p><i>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).</i></p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FDKE30G8RH [REDACTED]		Make FORD	Model Year 1994
Date Purchased 3-20-1994		Dealer's Name and Telephone Number BURLINGTON CAMPING	Engine: No: Cylinders 8-460 CID
Original Owner <input type="checkbox"/>	Dealer's City Burlington WIS	State WIS	Zip Code 53105
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: ALL REAR LIGHTS
			Incident Date(s) 02-JUL-2014
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: LIGHTING (PWS), 126200 EXTERIOR LIGHTING: TURN SIGNAL: SWITCH			Failure Mileage 22000
Failure 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	
<p>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).</p>			
<p>TL* THE CONTACT OWNS A 1994 FORD ECONOLINE. THE CONTACT STATED THAT THE EXTERIOR LIGHTING FAILED TO ILLUMINATE. THE DEALER STATED THAT THE MULTI-FUNCTION TURN SIGNAL SWITCH NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED AND THE MANUFACTURER WAS NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 22,000.</p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			

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

IF YOU WIGGLE HAZARD SWITCH THE LIGHTS RETURN ON, TOUCH IT AND ALL LIGHTS ON REAR + FRONT EXCEPT FOR HEAD LIGHTS GO OUT

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
National Highway
Traffic Safety
Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382
Official Business
Penalty for Private Use \$300

CHAMPAIGN IL 618

26 SEP 2014 PM 3 T

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

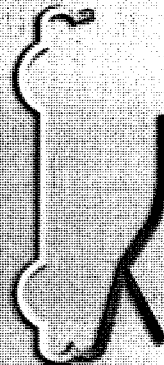
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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



National Highway Traffic Safety Administration
U.S. Department of Transportation
Washington, D.C. 20590