Form Approved: O.M.B. No. 2127-0006

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

Posted QC'd COPIED

FOR AGENCY USE ONLY

Date Received RECEIVED 00 OCT 24 AM 11:41 OFFICE DEFECTS INVESTIGATION

Od_or ___ ___
n ___
od ___
up ___

Reference No. 556376

OWNER INFORMATION (Type or Print)

Name [redacted]
Street [redacted]
City [redacted]

Daytime Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a [redacted] vide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] ASST CHIEF Date 10/18/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
1FDWF36F0YEA71988	FORD/HORTON	453-IWT AMBULANCE	2000

Purchased Date 1-24-00 ☐ New ☐ Used
Dealer's Name 5-ALARM FIRE & SAFETY EQUIPMENT, INC.
Dealer's City FORT ATKINSON State WI Zip Code 53538
Engine Size (CID/CC/L) 7.3L No. Cylinders 8 ☐ Turbo ☒ Diesel ☐ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pillar)

Transmission Type: ☐ Manual ☒ Automatic

Restraint System: ☐ Driverside Air Bag ☐ Motorbelt ☐ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt

Cruise Control: ☒ Yes ☐ No

Drivetrain: ☐ Front ☒ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☒ Other AMBULANCE

Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other ___

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
TIRE	☒ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement	☐ Yes ☒ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand FIRESTONE | Tire Name STEEL TEK RADIAL R45 | Complete Tire Size LT215/85 R16

No. of Failures
Date(s) of Failure(s) 9-2-00
Mileage at Failure(s) 9266
Vehicle Speed at Failure(s): 20 MPH

Failed Part(s) Available? ☒ Yes ☐ No

NHTSA Previously Contacted? ☐ Yes ☒ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☒ No	☐ Yes ☒ No	0	0	☒ Yes ☐ No

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

CITY OF AURORA FIRE DEPARTMENT AMBULANCE MEDIC 4 RESPONDING TO MERCY CENTER HOSPITAL WITH A CRITICALLY INJURED PATIENT IN HEAVY TRAFFIC ON INTERSTATE 88. AS MEDIC UNIT EXITED A TOLLBOOTH AND STARTED TO ACCELERAT THE LEFT FRONT TIRE BLEW OUT. AMBULANCE WAS PULLED OVER THE SIDE OF THE ROAD AND AN AIR AMBULANCE WAS CALLED FOR PATIENT TRANSPORT. TIRE WAS CHANGE BY THE CITY'S EQUIPMENT SERVICES DIVISION AND AMBULANCE PUT BACK IN SERVICE.

Continue on back.

Mail postage free or fax to 202-366-7882