

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 436

Date Received

26-JUN-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

864260

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMEU15NALLA64786	FORD TRUCK	BRONCO	1990	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06300000	Part Name(s) ELECTRICAL SYSTEM:WIRING	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 11-JUN-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE CAUGHT ON FIRE . CONSUMER WAS UNAWARE OF THE CAUSE. ALSO, WAS NOT SURE IF THERE WAS A RECALL. BUT WILL HAVE THE INSURANCE COMPANY LOOK INTO IT.\*AK

CONTINUED ON BACK PLEASE

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.



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National Highway Traffic Safety Administration

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FOR AGENCY USE ONLY 436

Date Received **RECEIVED**  
26 JUN 2000  
OFFICE OF DEFECTS INVESTIGATION  
864260

OWNER INFORMATION (Type or Print)

[Redacted] 617013  
Work Number [Redacted]  
Home No. [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of your authorization, we will not provide your name and address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 7/7/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1FMEU15NALLA64786</b>	Vehicle Make <b>FORD TRUCK</b>	Vehicle Model <b>BRONCO</b>	Vehicle Year <b>1990</b>	Current Odometer Reading
Purchase Date	Dealer's Name <u>THOMASON FORD</u>	Engine Size (CID/CC/L) <u>302</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State <u>OR</u> Zip Code _____	No Cylinders <u>8</u>		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component <b>08300940</b>	Part Name(s) <b>ELECTRICAL SYSTEM:WIRING</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>11-JUN-2000</u> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>8,500.00</u>	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE CAUGHT ON FIRE . CONSUMER WAS UNAWARE OF THE CAUSE. ALSO, WAS NOT SURE IF THERE WAS A RECALL, BUT WILL HAVE THE INSURANCE COMPANY LOOK INTO IT.\*AK

SEE ATTACHED LETTER  
[Signature]

CONTINUE ON BACK IF NEEDED

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.



July 10, 2000

Ford Motor Co.  
470 Enterprise Court  
Bloomfield Hills, Mi 48302-9887

To Whom It May Concern:

I have generated this letter, hopefully, so you will take the time to enhance your customer relations.

On approximately 06/10/2000 my 1990 Ford (full size Bronco 4x4 Eddie Bauer Edition) erupted into an eternal blaze. The cause of this fire was due to the ignition system. There was a recall on the ignition system. I acknowledged the recall and Tower Ford of Coos Bay, Or. installed the replacement parts. The V.I.N. for this vehicle is 1FMEU15N4LLA64786.

There was nobody present in the vehicle at the time nor were the keys in the ignition. The vehicle had only been driven approx. 1 mile the day of this incident.

I understand a business is based on profit. Unfortunately, Ford Motor Co. has deemed profits a priority when customer relations are involved. I am very displeased with the outcome of this incident. It is very clear, they are/were issues with the replacement parts used for this recall. This is not the only vehicle that has ignited due to the ignition system. However, as a business you look at the loss/profits aspect and leave the customer behind, when the loss would exceed the profits. Where is the customer in that formula? Where is it that you stand behind your product?

My spouse, Elizabeth Looney, has made efforts to contact the appropriate person to discuss this matter. The initial response she received was, take it to your insurance co. I am surprised at the lack of professionalism and responsibility that this statement makes. How a major corporation such as Ford Motor Co. can keep in business making statements like that is beyond me. It is very discouraging knowing that Ford Motor Co. does not stand behind "quality" as they have portrayed. If they did, it seems compensation would be offered. It was not my mistake or my insurance carriers, it is Ford Motor Co. quality controls for releasing defective parts.

I was in the process of looking to purchase a second vehicle for my spouse. Due to the circumstances of this incident, it has put a major financial burden on this family. All due to: lack of quality assurance, customer commitment, & responsibility.

I expect a response to this letter within 30 days. Hopefully offering compensation for the loss of this vehicle, the financial constraints this issue has caused & time/travel acquired for a replacement vehicle.

Sincerely,

