



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

ODI RESUME

Investigation: PE 03-044
Prompted By: IB03-048
Date Opened: 09/26/2003
Principal Investigator: Scott Yon
Subject: Accelerator pedal sensor failure

Manufacturer: Ford Motor Company
Products: MY 2002 - 2003 F Series and Excursion w/7.3L Diesel and PAP
Population: 101,000 (estimated)

Problem Description: The accelerator pedal sensor allegedly fails and causes a loss of motive power and or the inability to increase engine speed above idle.

FAILURE REPORT SUMMARY

	ODI	Manufacturer	Total
Complaints:	6	0	6
Crashes/Fires:	1	0	1
Injury Incidents:	0	0	0
# Injuries:	0	0	0
Fatality Incidents:	0	0	0
# Fatalities:	0	0	0
Other*:	0	0	0

*Description Of Other:

Action: A preliminary evaluation has been opened.

Engineer: D. Scott Yon

D. Scott Yon

Date: 09/26/2003

Div. Chief: Jeffrey L. Quandt

Date: 09/26/2003

Office Dir.: Kathleen C. DeMeter

Date: 09/26/2003


Summary: The above population is an estimate. Manufacturer failure reports are to be determined. Two of the ODI complaints involve separate alleged incidents on the same vehicle.

The subject vehicles are equipped with 7.3L V8 diesel engines that incorporate an electronic throttle control (ETC) system. The ETC system consists of an accelerator pedal (AP) sensor which produces an electrical signal proportional to pedal application; the AP signal is utilized by an electromechanical control system to regulate fuel delivered to the engine, thus controlling engine power and speed. The AP sensor and accelerator pedal are serviced as a single component referred to as a pedal assembly. There is no mechanical cable or other moving linkage between the pedal assembly and any other component.

In February 2003, Ford announced customer satisfaction program (CSP) 03B03, the subject of which was certain MY 2002 -2003 F-Super Duty and Excursion vehicles equipped with 7.3L diesel engines and optional power adjustable pedals (PAP). According to Ford, the AP sensor may not always perform as designed and as a result, the vehicle may continue to idle or unexpectedly slow when the accelerator is applied.

A preliminary evaluation will be opened to investigate the safety consequences of the AP sensor failures.

*VR 5
9/26/03*

 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		FOR AGENCY USE ONLY 25B	
	Date Received 20-NOV-2002		Repository <input type="checkbox"/> Reference No. 769949	
OWNER INFORMATION (Type or Print)				
Name	[REDACTED]		Daytime Telephone Number	E-mail Address
Address	[REDACTED]		[REDACTED]	
City	State VA	Zip Code 23116	Evening Telephone Number	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date: 11/1/02				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year	
1FMSL43F22EAB8003	FORD	EXCURSION	2002	
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
01-NOV-01				Diesel
Original Owner	Dealer's City	State	Zip Code	
<input checked="" type="checkbox"/>				
Transmission Type	<input checked="" type="checkbox"/> Anti-lock Brakes	Powertrain	Vehicle Component Code	
	<input checked="" type="checkbox"/> Cruise Control	4 WHEEL DRIVE	180000 VEHICLE SPEED CONTROL	
			Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Mileage	Failure Speed		
18-NOV-2002		0		
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: DOTM4BABC036)	<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
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).				
VEHICLE STOPPED AT INTERSECTION WITH ENGINE IDLING NORMALLY. ACCELERATOR DEPRESSED BUT ENGINE DID NOT INCREASE SPEED. VEHICLE MOVED INTO INTERSECTION AT IDLE BEFORE BRAKES COULD BE APPLIED. NO ACCIDENT RESULTED DEALER REPLACED PEDAL ASSEMBLY UNDER WARRANTY. DT				
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 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.				



U.S. Department of Transportation
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DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 778

Date Received 25-JUN-2002	Repository <input type="checkbox"/>
	Reference No. 8012549

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	State NY	Zip Code	12534

Daytime Telephone Number	E-mail Address
Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/25/02

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FM543F22EB40332	Make FORD	Model EXCURSION	Model Year 2002
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 180000 VEHICLE SPEED CONTROL
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-JUN-2002	Failure Mileage	Failure Speed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	The Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	The 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(es).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 6	Number of Deaths	Reported to Police Y
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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. List parts repaired or replaced (and if old part is available).

WHEN APPLYING ACCELERATOR PEDAL IT WILL GO TO THE FLOOR INTERMITTENTLY, ENGINE WILL NOT REV, AND VEHICLE WILL NOT MOVE FORWARD. VEHICLE WAS REENDED AFTER CONSUMER WAS AT A STOP. THEN, STARTED TO ACCELERATE, AND VEHICLE DID NOT RESPOND. DAMAGE TO VEHICLE UNKNOWN AT THIS TIME. *AK THERE WERE 6 INJURIES IN ACCIDENT. *JG

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY**

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 368-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 758

Date Received

25-JUN-2002

 Del. or
Fl. dt
Pd. rt
Up. ltr

Reference No.

8012549

OWNER INFORMATION (Type or Print)

NY 12534

Work Number

Home Number

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>(Located at bottom of windshield on driver's side)</small> 1FMS43F22EB40332	Vehicle Make FORD TRUCK	Vehicle Model EXCURSION	Vehicle Year 2002	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	Turbo Diesel Gas Fuel Injectio
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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"/> Driver-side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passenger-side Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Sport Ut Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) 23-JUN-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 13000		
	Vehicle Speed at Failure(s)		

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input 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 type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN APPLYING ACCELERATOR PEDAL IT WILL GO TO THE FLOOR INTERMITTENTLY, ENGINE WILL NOT REVV, AND VEHICLE WILL NOT MOVE FORWARD. VEHICLE WAS REARENDED AFTER CONSUMER WAS AT A STOP. THEN, STARTED TO ACCELERATE, AND VEHICLE DID NOT RESPOND. NO INJURIES, DAMAGE TO VEHICLE UNKNOWN AT THIS TIME.*AK

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 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.



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

FOR AGENCY USE ONLY 254

Date Received

30-AUG-2002

Repository Reference No.
8017639

OWNER INFORMATION (Type or Print)

Name

Address

City

State TX

Zip Code 77064

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner _____ Date 8/1/02

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FTFW20F02EBB6052

Make

FORD

Model

F250

Model Year

2002

Date Purchased
01-JUL-02

Dealer's Name and Telephone Number

Engine:
No. CylindersFuel Type:
Diesel

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
REAR WHEEL DRIVE

Vehicle Component Code

061100 ENGINE AND ENGINE COOLING;ENGINE;GASOLINE

Multiple Failures: 24

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-AUG-2002

Failure Mileage

Failure Speed

20

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: DOTM5A8C036)

 Original Equipment
 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

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

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 (e.g., parts repaired or replaced (and if old part is available)).

THE VEHICLE WILL LOSE POWER WITH THE ENGINE LIGHT COMING ON, CAUSE UNKNOWN. THE FORD DEALERSHIP HAS HAD THE VEHICLE FOR THREE DAYS, STATING THAT VEHICLE WAS GETTING SOME SORT OF RESISTANCE. THE VEHICLE WAS AGAIN FAILING WITH THE SAME PROBLEM. *AK THE CONSUMER STATES THAT HE HAD TAKEN THE VEHICLE TO ANOTHER FORD DEALER AND THEY SEEMED TO HAVE REMEDIED THE PROBLEM-LINKAGE ACCELERATOR. THE WINDSHIELD WAS LEAKING-RESEALED-STILL LEAKING. THE VEHICLE HAS BEEN OKAY SINCE THE LAST REPAIR. NOW THE WINDSHIELD IS LEAKING WATER, AND IS RUNNING BEHIND THE DASHBOARD. THE CONSUMER HAS ALSO EXPERIENCED THE FOLLOWING: WHEN STOPPING THE VEHICLE FEELS LIKE THE DRIVELINE SHIFTS FORWARD-LOUD BANG, WHEN STARTING OFF, THE VEHICLE SHIFTS BACKWARDS, THE CONNECTOR IS NOT FULLY SEATED(PON MODULE), AND THE INJECTOR HARNESS INTERMITTENTLY OPENS-REPAIR LOOSE LEFT VALVE COVER INJECTOR HARNESS CONNECTOR CAUSING HIGH RESISTANCE CLEARED. *SCC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

 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		FOR AGENCY USE ONLY 100148	
		Date Received 26-DEC-2002	Repository <input type="checkbox"/>	Reference No. 10000386	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		[REDACTED]		[REDACTED]	
City		State NV	Zip Code 89509	Evening Telephone Number	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FTNW21F2EC37019		FORD	F250 HD	2002	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
15-MAY-02			No. Cylinders 8	Diesel	
Original Owner	Dealer's City	State	Zip Code		
[X]					
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	4 WHEEL DRIVE	181000 VEHICLE SPEED CONTROL/ACCELERATOR PEDAL		
			Multiple Failures: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
13-DEC-2002	11700	0			
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: DDTMAL9A9C036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	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).					
ON DECEMBER 13, 2002, AT 5:00 PM, IN A SNOWSTORM IN RENO, NEVADA, FORD F-250 DIESEL CREW CAB WAS STOPPED AT A RED LIGHT; TEMPERATURE WAS 35 DEGREES, TRUCK WAS IDLING NORMALLY; THE ENGINE WAS WARMED UP AND THE TRANSMISSION INDICATED NORMAL TEMPERATURE. UPON RECEIVING A GREEN LIGHT, I ATTEMPTED TO ACCELERATE BUT THE DIESEL ENGINE WOULD NOT RESPOND TO COMMANDS FROM THE ACCELERATOR-PEDAL. AFTER REPEATED, PUMPING THE ACCELERATOR I WAS ABLE TO GET SOME ACCELERATION FROM THE ENGINE TO CLEAR THE INTERSECTION; 20 SECONDS LATER, THE ACCELERATOR RESPONDED NORMALLY. I TOOK IT TO THE FORD DEALER BUT BECAUSE THE INTERMITTENT FAILURE COULD NOT BE DUPLICATED, THE FORD DEALERSHIP WOULD NOT REPLACE THE ELECTRIC GAS-PEDAL DESPITE HAVING CHANGED 5 IN THE LAST FEW MONTHS IN SIMILAR F250 TRUCKS. MILEAGE OF TRUCK 11,700 MILES. TOTAL TIME SINCE PURCHASED 7 MONTHS.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
The Privacy Act of 1974 (Public Law 93-502) 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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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 28-FEB-2003
Repository:
Reference No.: 10008273

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: [Redacted] State: MI Zip Code: 48380

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FT5W31F32E838102
Make: FORD Model: F350 SUPER DUTY Model Year: 2002
Date Purchased: 06-FEB-02 Dealer's Name and Telephone Number: LASCO FORD 810-629-2255 Engine: No: Cylinders: 8 Fuel Type: Diesel
Original Owner: Dealer's City: FENTON State: MI Zip Code: 48430
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 080000 FUEL SYSTEM, DIESEL
Multiple Failure: 2

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s): 27-DEC-2002 Failure Mileage: 16519 Failure Speed: 50

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: DOTM1A9ABC036) Original Equipment 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: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: Y

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).

LOSS OF POWER MOTOR TO GAS PEDAL, WILL NOT WORK WHEN DRIVING. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

28-FEB-2003

Repository

Reference No.
10008274

OWNER INFORMATION (Type or Print)

Name

Address

City

State MI

Zip Code 48380

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner _____ Date 2/28/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FT5W31F32EB3B102

Make

FORD

Model

F350 SUPER DUTY

Model Year

2002

Date Purchased
05-FEB-02

Dealer's Name and Telephone Number
HINES PARK FORD 248-437-6700

Engine:
No. Cylinders 8

Fuel Type:
Diesel

Original Owner

Dealer's City
NEW HUDSON

State
MI

Zip Code
48166-9748

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
080000 FUEL SYSTEM, DIESEL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
25-FEB-2002

Failure Mileage
16519

Failure Speed
65

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: DOTM15ABC036)

Original Equipment
 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), condition, and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

Y

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).

LOSS OF POWER MOTOR TO GAS PEDAL, WILL NOT WORK WHEN DRIVING. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 responses 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.