



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

400 Seventh Street, S.W.
Washington, D.C. 20590

DEC 3 2004

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. James Vondale, Director
Automotive Safety Office, Environmental and Safety Compliance
Ford Motor Company
Fairlane Plaza South
330 Town Center Drive, Suite 400
Dearborn, MI 48126

NVS-214bby
PE04-078

Dear Mr. Vondale:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE04-078) to investigate allegations of under hood fires resulting from a short circuit in the Speed Control Deactivation Switch (SCDS) in 2000 MY Ford F150, Ford Expedition, and Lincoln Navigator vehicles manufactured by Ford Motor Company, and to request certain information.

This office has received 36 reports of engine compartment fire in MY 2000 Ford F150, Ford Expedition, and Lincoln Navigator vehicles while parked with the ignition in the off position. Thirty three of the complaints were received in the last 12 months. These reports include 23 alleging that the fire originated in the left rear corner of the engine compartment and 18 of these reported that their cruise control had failed prior to the fire. Three of the complaints also allege that structural damage occurred to their home as a result of the fire. A copy of each of the reports and a record of any follow-up phone calls is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** All MY 1999 through 2001 Ford F150, Ford Expedition, and Lincoln Navigator.
- **Subject components:** All Speed Control Deactivation Switches produced for use in the subject vehicles as original equipment or as replacement parts.
- **Peer vehicles:** All MY 1996 through 1998 and 2002 through 2004 MY Ford F150, Ford Expedition, and Lincoln Navigator.
- **Ford:** Ford Motor Company, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its



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888-DASH-2-DOT
888-327-4238

divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Ford (including all business units and persons previously referred to), who are or, in or after 1991, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** Any malfunction of the speed control deactivation switch resulting in loss of the speed control function, melting of switch materials, smoke, fire, or ignition of engine compartment materials or components
 - **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Ford, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document, which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical

copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by the manufacturer or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Ford has previously provided a document to ODI, Ford may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Ford's response to each request, identify the source of the information and indicate the last date the information was gathered. If requested information is unavailable, so state and provide a brief explanation. Along with your written response, please provide this information in Microsoft Word 2000, or a compatible format, entitled "TR Response."

1. State, by model and model year, the number of subject vehicles Ford has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of manufacture;
 - f. Date warranty coverage commenced;
 - g. The plant where the vehicle was produced;
 - h. If Antilock Brakes were installed as original equipment;
 - i. If Traction Control was installed as original equipment;
 - j. If Cruise Control installed as original equipment; and;

- k. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.

2. State the number of each of the following, received by Ford, or of which Ford is otherwise aware, which relate to engine compartment fires in the subject vehicles:
- a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Third-party arbitration proceedings where Ford is or was a party to the arbitration; and,
 - e. Lawsuits, both pending and closed, in which Ford is or was a defendant or codefendant.

For subparts "a" through "e," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately for each model and model year. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "e," provide a summary description of the alleged problem and causal and contributing factors and Ford's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "d" and "e," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
- a. Ford's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Incident state;
 - i. Report or claim date;
 - j. Whether a crash is alleged;
 - k. Whether a fire is alleged;
 - l. Whether property damage is alleged;

- m. Number of alleged injuries, if any;
- n. Number of alleged fatalities, if any;
- o. Ford component and system codes;
- p. Whether the item is related to the alleged defect;
- q. The alleged quadrant of the engine compartment where the fire started. (front left, front right, rear left, rear right, unknown)
- r. Whether the incident occurred with the engine "OFF" or the engine "ON;"
- s. Whether or not Ford received a subrogation claim regarding the incident (Y/N);
- t. Whether a fire investigation was performed by any party, that Ford is aware of, to determine the origin and cause (if so, please provide a copy of the report);
- u. Alleged cause of the fire;
- v. Complaint summary;
- w. Consumer comments; and,
- x. Ford's assessment of the allegation;

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.

4. Produce electronic copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method Ford used for organizing the documents.
5. State the number of each of the following, received by Ford, or of which Ford is otherwise aware, which relate to fires in the subject and peer vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Third-party arbitration proceedings where Ford is or was a party to the arbitration; and,
 - d. Lawsuits, both pending and closed, in which Ford is or was a defendant or codefendant.

For subparts "a" through "d," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately for each model and model year. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

6. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Ford to date where the subject component was replaced in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign. Separately, for each such claim, state the following information:
 - a. Ford's claim number;
 - b. Vehicle owner or fleet name (and fleet contact person) and telephone number;

- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Causal part (if identified);
- j. Whether smoke, melting or fire is identified (if fields exist in warranty data);
- k. Replacement part number(s) and description(s);
- l. Concern stated by customer; and
- m. Comments, by dealer/technician relating to claim and/or repair;

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.

7. Describe in detail the search criteria used by Ford to identify the claims identified in response to Request No. 6, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by Ford on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) related to the alleged defect that Ford offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
8. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by Ford to date where the subject component was replaced in peer vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign. Provide a sub total count of these claims that list the subject component as the causal part for the claim and a sub total count of the different problem codes attributed to these claims.
9. Produce electronic copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that Ford has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that manufacturer's short name is planning to issue within the next 120 days.
10. Describe the Circuit that contains the SCDS in the subject vehicles. Include in this description the other components that are powered on this circuit.

11. Identify all of the components in the engine compartment that are powered when the key is in the off position on the subject vehicles. Identify the quadrant in the engine compartment where the component is located (front left, front right, rear left, or rear right).
12. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect or any of the subject components installed in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, Ford. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and,
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide electronic copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

13. Identify and describe all significant modifications or changes made by or on behalf of Ford in the manufacture, design, or material composition of the SCDS, the electrical circuit containing the SCDS, the Electrical Connector to the SCDS, and the seal used between the SCDS and the Electrical Connector used in subject and peer vehicles. The following information must be included for each such modification or change:
 - a. The make and model year of the vehicle that the design applies to;
 - b. The date, or approximate date on which the modification or change was incorporated into production;
 - c. A description of the modification or change;
 - d. The reason for the modification or change;
 - e. The part number of the modified part;
 - f. Whether the original unmodified component was withdrawn from sale, and if so, when; and;
 - g. Whether the modified or changed components can be interchanged with earlier production components.
14. State the number of each of the following that Ford has sold that may be used in subject and peer vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (*including the cut-off date for sales, if applicable*):
 - a. Speed Control Deactivation Switches; and
 - b. Any kits that have been released, or developed, by Ford for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number) Also identify by make, model and model year, any other vehicles of which Ford is aware that contain the same part number component, whether installed in production or in service, and state the applicable dates of production or service usage.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER FOURTEEN DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table designed for this submission.

15. Furnish a copy of the design, test, and quality assurance specifications and drawings for the subject components and any other device used as a method of cruise control deactivation on subject and peer vehicles. Include in this information any part numbers used to identify the different designs and how to interpret that part number.
16. Provide the speed control strategies for any Ford model vehicles that contain a SCDS similar in design to the subject component for the 1992 through 2002 model years.
17. Provide the peak operating and hot soak temperatures in the area of the subject component on subject and peer vehicles.
18. State whether Ford has ever conducted, or is aware of, any returned part analyses in subject vehicles related to the alleged defect. If so, describe, and provide electronic copies of all documents relating to, any and all returned part analyses of subject components. Include in your description the total number of such parts returned, the number analyzed, a description of how they were analyzed, Include any and all material showing the frequencies of failed components as a function of service life or mileage.
19. Furnish Ford's assessment of the alleged defect in the subject vehicles, including:
 - a. All causal or contributory factors;
 - b. Any warning symptoms;
 - c. The failure mode;
 - d. The root cause of the failures;
 - e. Its potential effect on occupant safety;
 - f. The potential for future occurrences of the alleged defect in the subject vehicles;
 - g. The relative contribution of Kapton diaphragm failures to the total number of subject component failures, including how this changes over the service life of the parts (e.g., state whether it is considered a greater contributor later in life than it is early in life);
 - h. The risk of under hood fire in each of the subject models as a function of time in comparison to other medium to large-sized passenger cars at similar ages; and,
 - i. The relative contribution of the subject component to the incidence of under hood fires in the subject models over the service life of the vehicle and state the bases for the assessment.

This letter is being sent to Ford pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Ford's failure to respond promptly and fully to this letter could subject Ford to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

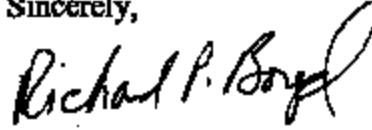
If Ford cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Ford does not submit one or more requested documents or items of information in response to this information request, Ford must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Ford's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by **January 28, 2005**. Please refer to **PE04-078** in Ford's response to this letter. If Ford finds that it is unable to provide all of the information requested within the time allotted, Ford must request an extension from Mr. Richard Boyd at (202) 366-4933 no later than five business days before the response due date. If Ford is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Ford then has available, even if an extension has been granted.

If Ford claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Ford must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Ford is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Bruce York of my staff at (202) 366-6938.

Sincerely,

A handwritten signature in black ink that reads "Richard P. Boyd". The signature is written in a cursive style with a large, looping initial "R".

Richard P. Boyd, Chief
Medium and Heavy Duty Vehicle Division
Office of Defects Investigation

Enclosure 1, one CD ROM titled Data Collection Disc containing three files
Enclosure 2, Thirty-Six consumer complaints



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

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Date Received
2004 APR 29 PM 2:07
01-MAR-2004

Repository
Reference No.
10061655

OWNER INFORMATION (Type or Print)

Registration Telephone Number
E-mail Address
 NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1FMPU16L6YL

Make: FORD Model: EXPEDITION Model Year: 2000

Date Purchased: 10-01-01 Dealer's Name and Telephone Number: AUTOMOTIVE AVENUE
Original Owner: Dealer's City: LAKEWOOD CO. State: CO Zip Code: 80015

Engine: No. Cylinders: 8 Fuel Type: Gas

Transmission Type: AUTOMATIC Antilock Brakes Powertrain: 4 WHEEL DRIVE
 Cruise Control

Vehicle Component Code: 114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 24-DEC-2003 Failure Mileage: 64000 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: DOTM1A3ABC038) 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(es).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: Number of Deaths: Reported to Police: Y

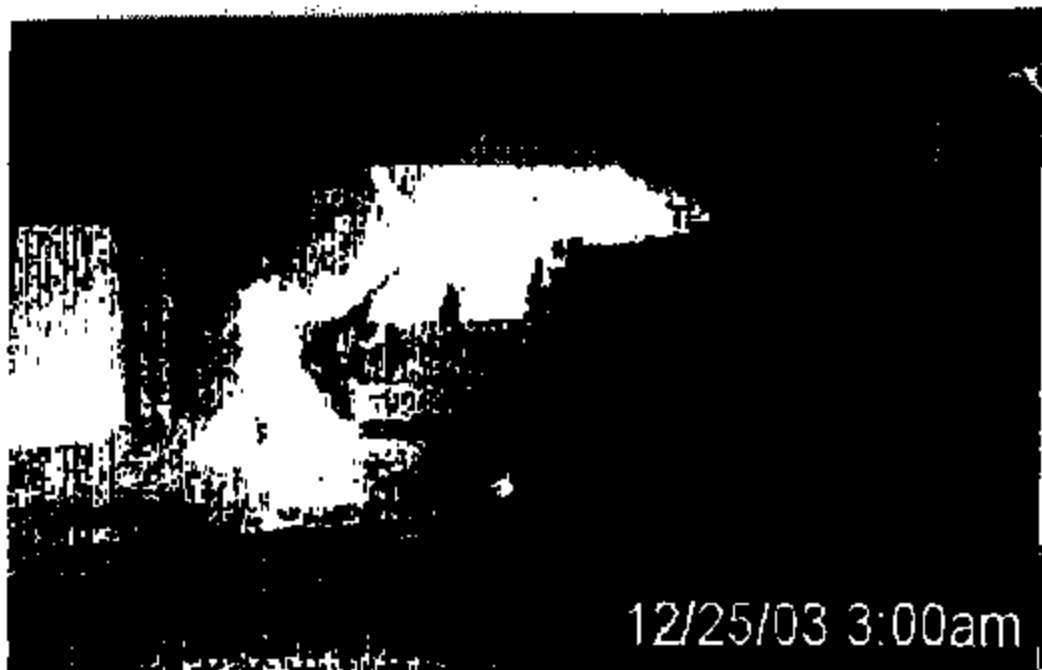
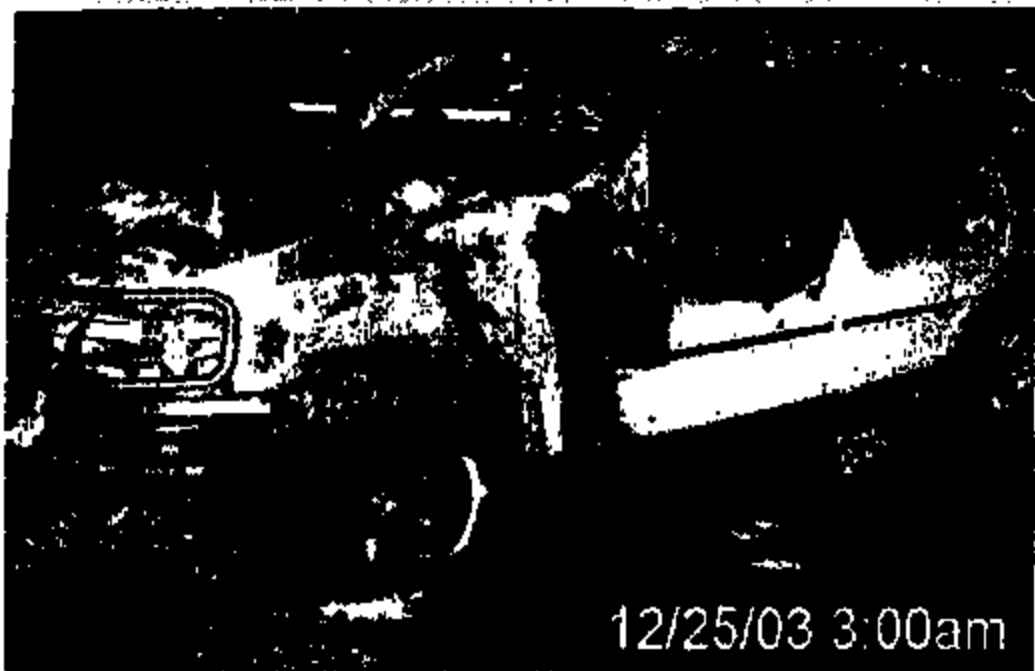
Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure.
i.e. parts repaired or replaced (and if old part is available).

VEHICLE WAS PARKED 7 PM IN THE DRIVEWAY, AND THE KEY WAS TAKEN OUT OF THE IGNITION SWITCH. AROUND 3 AM VEHICLE CAUGHT ON FIRE, UNDER THE HOOD. *AK

Include, if available, Police/Fire Department Report, Photos, and Receipt Invoices.

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
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

27-OCT-2004

Repository

Reference No.
10096466

OWNER INFORMATION (Type or Print)

Name

Address

City

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 1 / 1

VEHICLE INFORMATION

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

1FMRU17L3Y1

Make

FORD

Model

EXPEDITION

Model Year

2006

Date Purchased

01-JUN-00

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

26-OCT-2004

Failure Mileage

65000

Failure Speed

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: DOTM4L8ABC035)

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(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

Y

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

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).

OUR 2006 FORD EXPEDITION BURNED TO THE GROUND SITTING IN A PARKING LOT. AFTER LOOKING AT WWW.AUTOMOTIVEFORUMS.COM, WE SEE MANY OTHER PEOPLE HAD THE SAME EXPERIENCE. THEY MOSTLY REPORTED REAR WIPER MOTOR PROBLEMS/REPLACEMENTS AND THE CRUISE CONTROL FAILURES. BOTH IN OUR CASE. WE WERE NOT HURT. I SEE SOME OF THESE OTHER PEOPLE LOST THEIR HOMES IN A FIRE STARTED BY THEIR EXPEDITION. DO YOU HAVE ANY OTHER REPORTS OF THIS? DOES FORD KNOW?AK

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

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Date Received

28-SEP-2004

Repository

Reference No.
10094532

OWNER INFORMATION (Type or Print)

Name
Address
City

[Redacted Owner Information]

E-mail Address

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 1FMRU1566Y1 [Redacted]		Make FORD	Model EXPEDITION	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-SEP-2004	Failure Mileage 82000	Failure Speed	
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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

(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	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; i.e., parts repaired or replaced (and if old part is available).

WHILE PARKED WITH THE KEY IN THE IGNITION A FIRE ERUPTED UNDER THE HOOD. *AK

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
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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 100222

Date Received

08-SEP-2004

Repository Reference No.
10091569

OWNER INFORMATION (Type or Print)

Name

Address

City

Phone - Telephone Number

E-mail Address

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

1FMRU1669Y

Make:

FORD

Model:

EXPEDITION

Model Year:

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

114100 ELECTRICAL SYSTEM; WIRING; FRONT UNDERHOOD

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

03-SEP-2004

Failure Mileage

72000

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)

 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).

CONSUMER WAS AWAKENED AFTER SMELLING SMOKE. HE WENT TO THE GARAGE AND THE DOOR WAS TOO HOT TO TOUCH. VEHICLE WAS ON FIRE. T A RECALL WAS RECEIVED ON THE WINDSHIELD WIPER MOTOR. HOWEVER THE FIRE SEEMS STARTED UNDER THE HOOD. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

21-SEP-2004

Repository Reference No.
10091404

OWNER INFORMATION (Type or Print)

Name
Address
City

Daytime Telephone Number E-mail Address

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 1FMRU1568Y		Make FORD	Model EXPEDITION	Model Year 2000
Date Purchased 22-MAY-03	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code 114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD	
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-SEP-2004	Failure Mileage	Failure Speed 0	
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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

(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	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,
i.e., parts repaired or replaced (and if old part is available).

VEHICLE WAS RUNNING FINE. VEHICLE WAS DRIVEN AT 8:00 AM. PARKED IN THE DRIVEWAY ALL DAY. 5:30 IN THE AFTERNOON, RECEIVED A KNOCK ON THE DOOR WITH SOMEONE INFORMING US THAT OUR VEHICLE WAS ON FIRE. THE VEHICLE WAS TOTALLY ENGULFED IN FLAMES AND TOTALLY DESTROYED, ALMOST CATCHING THE HOUSE ON FIRE. FIRE DEPT STATED IT WAS SOMETHING ELECTRICAL *AK

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

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U.S. Department
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(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received

10-MAY-2004

Repository

Reference No.

10073362

OWNER INFORMATION (Type or Print)

Name

Address

City

Residing Telephone Number

E-mail Address

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

Make

FORD

Model

EXPEDITION

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-MAY-2004

Failure Message

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: 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), 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; i.e., parts repaired or replaced (and if old part is available).

WHILE IN THE DRIVEWAY, THE VEHICLE WAS IN PARK AND THE KEY WAS OUT OF THE IGNITION SWITCH. VEHICLE CAUGHT ON FIRE, UNDER THE HOOD. DEALER NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION. *JB

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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INTERNET: www.nhtsa.dot.gov/hotline

FDR AGENCY USE ONLY 100148

Date Received

01-NOV-2004

Repository

Reference No.
10098134

OWNER INFORMATION (Type or Print)

Name

Address

City

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 1FMRU156XY [REDACTED]		Make FORD	Model EXPEDITION	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number LAMARQUE FORD		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City KENNER	State LA	Zip Code 70062	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 114000 ELECTRICAL SYSTEM:WIRING	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-SEP-2004	Failure Mileage 56866	Failure Speed 0	
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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

(Please describe in detail the incident(s), defect(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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; i.e., parts repaired or replaced (and if old part is available).

WE OWNED A 2000 FORD EXPEDITION, WHICH WE NEVER EXPERIENCED ANY PROBLEMS WITH. THE END OF SEPTEMBER (I CAN'T REMEMBER THE DATE RIGHT OFF HAND) WE ARRIVED HOME FROM THE PLAYGROUND AND 10 MINUTES LATER OUR TRUCK SPONTANEOUSLY CAUGHT FIRE. MAJORITY OF THE DAMAGE WAS DONE TO THE DRIVER'S SIDE. THE FIRE DEPARTMENT SAID IT LOOKED TO BE ELECTRICAL. A NEIGHBOR WHO LIVES DOWN THE STREET INFORMED US THAT THERE HAD BEEN SEVERAL EXPEDITIONS THAT RECENTLY CAUGHT FIRE. WE THEN WENT TO AUTOMOTIVEFORUMS.COM AND WAS SURPRISED TO FIND MANY OTHER INDIVIDUALS THAT THIS ALSO HAPPENED TOO. I SENT AN EMAIL TO THE BOARD OF DIRECTORS OF THE FORD MOTOR COMPANY JUST TO LET THEM KNOW THAT THERE WERE MANY MORE PEOPLE THAT HAD THIS HAPPEN TO, AND TO THIS DAY NEVER RECEIVED A RESPONSE. OUR INSURANCE COMPANY INFORMED US THAT MOST CLAIMS LIKE THIS USUALLY NEVER GET REPORTED TO FORD. WE HAD AN INVESTIGATIVE REPORTER FROM HOUSTON CALL US TO GET MORE INFORMATION. MAYBE YOU COULD WARN OTHERS SO THAT THEY DON'T HAVE TO EXPERIENCE THE SAME THING THAT WE HAVE. I CAN ALSO OBTAIN AN REPORT FROM THE FIRE DEPARTMENT IF THAT WOULD BE OF ASSISTANCE. *AK

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

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

05-NOV-2004

Repository

Reference No.

10098307

OWNER INFORMATION (Type or Print)

Name

Address

City

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

1FMRLU1668YL

Make

FORD

Model

EXPEDITION

Model Year

2000

Date Purchased
07-JUN-04

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
4 WHEEL DRIVE

Vehicle Component Code

114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
16-OCT-2004Failure Mileage
58000Failure Speed
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: DOTM19ABC036)

 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

0

Number of Deaths

0

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).

A FIRE STARTED IN THE ENGINE COMPARTMENT OF MY 2000 FORD EXPEDITION WHILE PARKED IN MY DRIVEWAY ON SATURDAY, OCTOBER 16, 2004. THE VEHICLE HAD BEEN OFF FOR OVER 1 HOUR WITH THE KEYS OUT AND IN THE PARK POSITION. THE FIRE STARTED ON THE DRIVER'S SIDE OF THE ENGINE COMPARTMENT AND BURNED VERY QUICKLY LEAVING NOTHING LEFT OF THE VEHICLE. FIRE MARSHALL STATED THAT THE CAUSE WAS UNKNOWN BUT THE INSURANCE COMPANY IS STILL INVESTIGATING. THEY HAVE CLAIMED THE VEHICLE AS A TOTAL LOSS AND ARE REPLACING IT FOR ME. JUST LAST NIGHT, MY NEIGHBOR'S EXPEDITION ALSO CAUGHT FIRE IN A SIMILAR MANNER AND FELT IT NECESSARY THAT I REPORT MY INCIDENT. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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FOR AGENCY USE ONLY 1372

Date Received
04-NOV-2004

Repository
Reference No.
10099395

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: [Redacted]
District Telephone Number: [Redacted]
E-mail Address: [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: 1FMRU1767Y [Redacted]
Make: FORD Model: EXPEDITION Model Year: 2000
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: _____ Fuel Type: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: _____ Antilock Brakes: Powertrain: _____ Vehicle Component Code: 114000 ELECTRICAL SYSTEM: WIRING
 Cruise Control Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 26-OCT-2004 Failure Mileage: 50000 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: DOTM1S9ABC036): _____ 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), cause(s), 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; i.e. parts repaired or replaced (and if old part is available).

VEHICLE CAUGHT ON FIRE AFTER BEING PARKED 5 TO 10 MINUTES. FIRE CENTERED ON DRIVER'S SIDE NEAR THE FIREWALL. THE CRUISE CONTROL AND REAR WINDSHIELD WIPER FAILED WITHIN 2 MONTHS OF THE FIRE. *AK

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



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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1372

Date Received 08-NOV-2004	Repository <input type="checkbox"/>
	Reference No. 10099599

OWNER INFORMATION (Type or Print)

Name	Business Telephone Number	E-mail Address
Address		
City		

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	Make FORD	Model EXPEDITION	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code 110000 ELECTRICAL SYSTEM
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-MAY-2004	Failure Message 67000	Failure Speed
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> After 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	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; i.e. parts repaired or replaced (and if old part is available).

FIRE IN ENGINE COMPARTMENT AFTER SITTING 5 HOURS. KEY OUT OF THE IGNITION. CRUISE CONTROL HAD GONE OUT, AND A BRAKE LIGHT WAS COMING ON ONCE IN A WHILE. CRUISE CONTROL WAS OUT FOR A COUPLE OF MONTHS. INSURED BY ALLSTATE. THEY SENT AN INVESTIGATOR, AND HE SAID IT WAS A BRAKE SWITCH THAT WAS SOME HOW BECAME CONNECTED TO THE CRUISE CONTROL. *AK

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

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

FOR AGENCY USE ONLY 1372

Date Received
15-NOV-2004

Repository
Reference No.
10099927

OWNER INFORMATION (Type or Print)

Name
Address
City

[Redacted Owner Information]

E-mail Address

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 1FMRU1ZLZY [Redacted]		Make FORD	Model EXPEDITION	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 060000 ENGINE AND ENGINE COOLING	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-NOV-2004	Failure Mileage 47500	Failure Speed	
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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)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	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; i.e., parts repaired or replaced (and if old part is available).

FIRE IN THE ENGINE COMPARTMENT OF DRIVERS SIDE TOWARD THE REAR OF THE ENGINE COMPARTMENT NEAR THE WINDSHIELD AFTER HAVING BEEN PARKED FOR 1.5 HOURS. TWO DAYS EARLIER, BRAKES WERE SQUEAKING. NO TROUBLE WITH CRUISE CONTROL, BUT DID NOT USE OFTEN. WILL E-MAIL BRUCE YORK PICTURES. *AK

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.



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) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1039

Date Received

28-AUG-2001

Cd_or

Rt_dt

Pd_rt

Up_itr

Reference No.

885335

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

 YES NO

Signature of Owner

Date / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1FTRX18L3YN	FORD TRUCK	F150	2000			
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 Injectio			
<input checked="" type="checkbox"/> New <input 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<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 Lit <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 type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08310000	Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 03-AUG-2001 27 Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE VEHICLE WAS PARKED IN DRIVEWAY AROUND 6:00 PM AND AROUND 2 :00 AM VEHICLE HAD CAUGHT ON FIRE. CONTACTED FORD CUSTOMER SERVICE, AND FORD HAD NO INFORMATION. CONSUMER HAD TO DEAL DIRECTLY WITH DEALERSHIP.*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
(1-888-327-4235)
INTERNET: www.nhtsa-dot.gov/hotline

FOR AGENCY USE ONLY - 100145

Date Received

Repository

2003 MAR 28 - APR 11, 2003 59

Reference No.
10009950

OWNER INFORMATION (Type or Print)

Name
Address
City
Do you
in the
Sign

E-mail Address

NO

VEHICLE INFORMATION

Vehicle Identification Number (located on vehicle or driver's side)
2FTRX170Y9

Make
FORD

Model
F150

Model Year
2000

Date Purchased
3-2000

Dealer's Name and Telephone Number
LAMARQUE FORD 504-443-2500

Engine:
No. Cylinders
8 CYL

Fuel Type:
Gas

Original Owner

Dealer's City
KENNER LA 70063

State
LA

Zip Code
70063

8 CYL

REG

Transmission Type

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
060000 ENGINE AND ENGINE COOLING

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
31-JAN-2003

Failure Mileage
53000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

The Model (Name or Number)

The Size (Example P215/65R15)

N/T/N (Example: DOTM15ABC036)

Original Equipment
 Prior Repair

Failure Location:

The 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:

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

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).

WHEN THE VEHICLE WAS TURNED OFF, IT CAUGHT ON FIRE. IS

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
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 1375

Date Received

25-APR-2003

Repository Reference No.
10017562

OWNER INFORMATION (Type or Print)

Name

Address

City

Number

Number

E-mail Address

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		Make FORD	Model F150	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Anti-lock Brakes	Powertrain	Vehicle Component Code 061000 ENGINE AND ENGINE COOLING:ENGINE	
	<input type="checkbox"/> Cruise Control		Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-APR-2003	Failure Mileage	Failure Speed	
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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: DOTM148ABC036)	<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(es).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).
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).

THE CONSUMER TURNED THE VEHICLE OFF, AND MOMENTS LATER, THE HORN BEGAN "BLARING" AND THEN THE VEHICLE CAUGHT FIRE UNDER THE HOOD. *JB

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

The Privacy Act of 1974-Public Law 93-579 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 1372

Date Received
16-JAN-2004

Repository
Reference No.
10055269

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: [Redacted]
Telephone Number: [Redacted]
E-mail Address: [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 1FTRXL7LSY [Redacted]		Make FORD	Model F150	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-DEC-2003	Failure Mileage 53004	Failure Speed	
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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

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y
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Narrative Description of Incident(s), Crash(es), and Injury(es).
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).

THE CONSUMER WENT TO THE VEHICLE IN MORNING AND FOUND SMOKE AND FIRE DAMAGE AT THE FRONT DRIVER'S SIDE WHEEL WELL. THE ALLEGED FIRE OCCURRED DUE TO A DEFECTIVE CRUISE CONTROL DEACTIVATION SWITCH. *NM

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

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 100184

Date Received

03-FEB-2004

Repository Reference No.
10057416**OWNER INFORMATION (Type or Print)**

Name

Address

City

Dealer Telephone Number

E-mail Address

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

Make
FORDModel
F150Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engines:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

114000 ELECTRICAL SYSTEM WIRING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
11-JAN-2004Failure Mileage
85000

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: DOTM15ABC035)

 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), cause(s), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

Y

Narrative Description of Incident(s), Cause(s), 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).

CONSUMER PARKED VEHICLE IN DRIVEWAY AT 2:30 PM. AT 5:30 PM CONSUMER WAS AWAKENED BY A POPPING SOUND OUTSIDE. WHEN CONSUMER GOT OUTSIDE THE FRONT END OF THE VEHICLE WAS ON FIRE. CONSUMER PUT THE VEHICLE IN NEUTRAL AND ROLLED IT BACK FROM THE HOUSE. FIRE DEPARTMENT ARRIVED, BUT THE FIRE EVENTUALLY CONSUMED THE VEHICLE. CONSUMER FELT THAT AN ELECTRICAL PROBLEM CAUSED THE FIRE. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
 To Report Vehicle Safety Defects
 1-888-DASH-2-DOT
 (1-888-327-4226)
 INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY (2-130)

Date Received: 5/18/04 Report No.
 24 Report No. 300

OWNER INFORMATION (Type or Print)

Name: _____
 Address: _____
 City: _____
 District Telephone Number: _____ Email Address: _____

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: 5/18/04

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FT7X0L7W3YK
 Make: FORD Model: F150 Model Year: 2000
 Date Purchased: 2002 Dealer's Name and Telephone Number: BOLTON FORD Engine: 8 Fuel Type: UNLEADED
 Original Owner: Dealer's City: LAKE CHARLES State: LA Zip Code: 70601
 Transmission Type: AUTO Anti-lock Brakes Powertrain: H.6 V8 Vehicle Component Code: 11000 ELECTRICAL SYSTEM
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-MAY-2004 Failure Mileage: 461653 Failure Speed: _____
15

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 Failure Location: _____
 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 check in detail the incident, failure(s), crash(es) and injury(es).)
 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(es).
 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)).

CONSUMER STATED THAT HE HAD DRIVEN HIS TRUCK FOR APPROX. ONE HOUR. HE STOPPED THE VEHICLE, THEN ABOUT 2 PM, THE TRUCK SUDDENLY BEGAN TO BURN. THE CONSUMER STATED THAT THE TRUCK COMPLETED THE BURN. HE ALSO STATED THAT THE FIRE MARSHALL STATED THAT IT COULD HAVE BEEN AN ELECTRICAL SHORT THAT IGNITED. THE FIRE MARSHALL SAID HE HAD NO WARNING THAT ANYTHING WAS WRONG WITH THE VEHICLE. THE STATED HE DID NOT KNOW WHAT WAS WRONG. (3)

TOTAL LOSS

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 be taken appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement under 49 CFR 571.203 against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

ALWAYS WEAR YOUR SEATBELT
 USE SAFETY SEATBELTS
 TO SAVE LIVES



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
 COMPLETE THIS FORM
 OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
 1-888-327-4236

DOT Auto Safety Hotline
 (DASH) 2 DOT



US Department of Transportation
 National Highway Traffic Safety
 Administration
 www.dhs.gov



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US DEPARTMENT
 OF TRANSPORTATION
 NATIONAL HIGHWAY
 TRAFFIC SAFETY
 ADMINISTRATION
 400 GAVIN BL. SW.
 WASHINGTON, D.C. 20590
 PHONE USE 3300

ATTACH ADDITIONAL SHEETS IF NECESSARY

TRUCK HAD NOT GIVEN ANY SIGNS OF A PROBLEM. HAD
 DRIVEN THE DAY OF THE FIRE AND PARK THIS VEHICLE
 AT 10^{PM} IN FRONT OF HOUSE. LEFT MY HOME AT 1³⁰
 WITH MY CAR PARKED BESIDE THE TRUCK AT 3^{PM}. LATER
 CALLED INFORMING ME THAT MY TRUCK WAS ON FIRE. AFTER
 RETURNING HOME I FOUND THE TRUCK WAS A COMPLETE
 LOSS.

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

PUBLIC SAFETY - FIRE

Incident Report

Prepared: 5/17/04 0:55:38

Program: FI200L

A 10020 LA 5/15/04 Sta. 5 01-2004-0000723-001 NFIRS - 1
 FID State Incident date Station Incident number Basic

B No. Street address Yea
 Alternative location Census tract Location Emergency
 2623 SOUTHERN RIDGE DR, EXH13 AROUND L C, LA, 70107
 Address

C Passenger vehicle fire
 Incident type

D Automatic aid received
 Aid given or received

EL	Date	Time	EE C Shift	District	IN WARD	OUT
Alarm	5/15/04	14:36:25	Shift	Alarm District		
Arrival	5/15/04	14:43:56				
Controlled	5/15/04	14:48:33				
Last unit cleared	5/15/04	15:45:59				

F Extinguish
 Primary action taken (3)

GL	Yes	Apparatus	Personnel	No.	Losses	Value
Apparatus/Suppression personnel	3	3	3	Resource counts include aid received resources	Property Contents	0 0
form used	other	0	0			0 0

HS	Beats	Injuries	HS Rate
Firm service	0	0	Hazardous materials release
Civilian fire	0	0	

I Not mixed use
 Mixed use property

J Vehicle parking area
 Property use



Phone number
 0/00/0000
 Birth date Race

M	RAYMOND RAYLEN	D/C	D/C	5/15/04
	Officer in charge	Position or rank	Assignment	Date
	CHRISTOPHER CARROLL	Captain	CAPTAIN	5/15/04
	Member making report	Position or rank	Assignment	Date

PUBLIC SAFETY - FIRE

Incident Report

Prepared: 5/17/04, 8:55:30

Program: FI200L

A 1002B LA 5/15/04 Sta. 5 01-2004-000723-001 NFIRS - 2
 FBI State Incident date Station Incident number Fire

B1 Not residential | C None None
 Estimated number of residential units | On-site material | Material & storage use

B2 Buildings not involved
 Number of buildings involved

B3 None
 Acres burned (outside fires)

B4 Exterior, exposed surface | E1 Cause, other
 Area of fire origin | Cause of ignition

B5 Radiated heat from another fire | E2 Exposure fire
 Heat source | Factor 1 contributing to ignition

B6 Item first ignited, other | E3 None
 Item first ignited | Human factors contributing to ignition
 Yes |
 Spread confined to subject of origin |

B7 Plastic |
 Type of material first ignited |

F1 None | F2
 Equipment involved in ignition | Equipment power
 Brand | F3
 Model | Equipment portability
 Serial number |
 ODDD |
 Equipment year |

G None
 Fire suppression factor 1

H1 Not involved in ignition, but burned | H2 Passenger car
 Mobile property involved | Mobile property type
 | Automobile
 | Mobile property make
 | NLSA
 |
 | Year License plate State VIN

PUBLIC SAFETY - FIRE
 Prepared: 5/17/04, 8:55:30
 Program: FIREM1

Incident Report

A 10020 LA 5/15/04 Sta. 5 01-2004-0000729-001 MF215 - 7/30
 FDID State Incident data Station Incident number Apparatus/Personnel

Apparatus	Type	Personnel	Use	Action taken	Emergency
ES	ERROR	0	Suppression		Yes
	Dispatched	5/15/04	14:36:32		
	Enroute	5/15/04	14:37:45		
	At Scene	5/15/04	14:43:56		
	Fire Contained	5/15/04	14:48:31		
	In Service	5/15/04	15:39:40		

Apparatus	Type	Personnel	Use	Action taken	Emergency
44	DISTRICT CHIEF	1	Suppression		Yes
	Dispatched	5/15/04	14:36:32		
	In Service	5/15/04	14:37:28		
	Dispatched	5/15/04	14:56:30		
	Enroute	5/15/04	14:56:33		
	At Scene	5/15/04	15:05:30		
	In Service	5/15/04	15:39:40		

Employee	Assignment	Position	Action taken
71027 RAYMOND MAYLEN	B/C		

Apparatus	Type	Personnel	Use	Action taken	Emergency
54	FIRE PREVENTION	0	Suppression		Yes
	Dispatched	5/15/04	15:04:25		
	Enroute	5/15/04	15:13:52		
	At Scene	5/15/04	15:33:33		
	In Service	5/15/04	15:45:59		





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 252

Date Received

2004 JUL 23
08-JUN-2004

Repository

Reference No.
10076006

OWNER INFORMATION (Type or Print)

Name

Address

City

Day

In the

Sign

E-mail Address

NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side.
2F-TXK77WV

Make
FORD

Model
F150

Model Year
2000

Date Purchased
06/10/04

Dealer's Name and Telephone Number
DEBUES-HURST MOTOR CO. 903 750-6211

Engine:
No. Cylinders
8

Fuel Type:
UNLEADED

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code
114000 ELECTRICAL SYSTEM/WIRING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
06-17-04

Failure Mileage
120,000

Failure Speed
N/A

MASTER CYLINDER PLUG

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: DOT1A1BAJ0036)

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, failure(s), condition, and injury(ies).)

Crash

Yes No

Fir

Yes No

Number of Persons Injured
0

Number of Deaths
0

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).

WHILE VEHICLE WAS RABED A LOUD BANGING NOISE WAS HEARD FROM THE FRONT, AND VEHICLE CAUGHT ON FIRE. FIRE DEPARTMENT WAS CALLED TO EXTINGUISH THE FIRE. VEHICLE WAS TOWED BY THE INSURANCE COMPANY. TRUCK WAS PARKED IN CARPORT. TRUCK CAUGHT FIRE & WAS COMPLETELY DESTROYED BY FIRE. CARPORT AND PATIO FURNITURE DESTROYED SIDING ON BACK OF HOUSE IMITATED. THE FIRE DEPARTMENT WAS CALLED. THE ADJUSTOR FOR INSURANCE COMPANY SAID THAT THE FIRE WAS CAUSED BY THE MASTER CYLINDER PLUG CAUSING BRAKE FLUID TO LEAK ON THE MANIFOLD VEHICLE WAS TOWED BY THE INSURANCE CO.

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

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 Administration 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
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
29-JUN-2004

Repository
Reference No.
10079036

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City _____

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
1FTZXL723YK _____
Make FORD Model F150 Model Year 2000
Date Purchased 20-OCT-99 Dealer's Name and Telephone Number TOMBALL FORD Engine: No: Cylinders Fuel Type: Gas
Original Owner Dealer's City TOMBALL State TX Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE
Vehicle Component Code 185000 VEHICLE SPEED CONTROL; CRUISE CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 16-JUN-2000 Failure Mileage 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: DOTMALSABC036) 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).

PARKED MY FORD F150 IN THE SCHOOL PARKING LOT AT 7:30 AM. AT 8:15, I WAS CALLED TO THE FRONT OF THE BUILDING BECAUSE MY TRUCK HAD STARTED ON FIRE AND WAS BEING PUT OUT WITH A FIRE EXTINGUISHER BY THE SCHOOL POLICE OFFICER. THE INSURANCE COMPANY BELIEVES THE FIRE WAS CAUSED BY MY CRUISE CONTROL (HAD NOT WORKED IN THREE TO FOUR MONTHS). CAUSED \$5,123 WORTH OF DAMAGE TO THE TRUCK.*AK

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

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 1368

Date Received
21-JUN-2004

Repository
Reference No.
10079579

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City	State	Zip Code

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 1FTZK1724YNE	Make FORD	Model F150	Model Year 2000
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 <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes <input checked="" type="checkbox"/>	Powertrain	Cruise Control <input type="checkbox"/>
Vehicle Component Code 119000 ELECTRICAL SYSTEM:WIRING		Multiple Failures: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-MAY-2004	Failure Mileage 64000	Failure Speed	
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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: DOTMA19ABC036)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	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(s), parts repaired or replaced (and if old part is available).

WHILE VEHICLE WAS PARKED A FIRE STARTED IN THE ENGINE COMPARTMENT. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

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

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

31-JUL-2004

Repository Reference No.
10083071

OWNER INFORMATION (Type or Print)

Name

Address

City

Daytime Telephone Number

E-mail Address

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

Make

FORD

Model

F150

Model Year

2000

Date Purchased
30-NOV-99

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
MANUAL Antilock Brakes
 Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
30-JUL-2004Failure Mileage
 0 Failure Speed
 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: DOT145ABC036)

 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

 0

Number of Deaths

 0

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).

UPON RETURNING FROM LUNCH, I PARKED MY 2000 F-150 EXT CAB AND TURNED OFF THE MOTOR, PLACED MY KEYS IN MY POCKET AND RETURNED TO MY DESK TO COMPLETE THE DAY'S WORK. ABOUT TWO HOURS LATER, I RECEIVED A CALL FROM A CO-WORKER INFORMING ME THAT MY TRUCK WAS ON FIRE. I IMMEDIATELY WENT OUT TO WHERE I HAD PARKED AND A FIRE TRUCK WAS ALREADY ON THE SCENE GETTING READY TO PUT OUT THE FIRE. BY THIS TIME THE FLAMES WERE SHOOTING UP ABOUT 12 FEET HIGH, THE HOOD HAD ALREADY MELTED ALONG WITH ALL OTHER ALUMINUM ON THE ENGINE BLOCK, THE PLASTICS ON THE FRONT GRILL, THE WINDSHIELD HAD MELTED AND THE INTERIOR WAS SEVERELY DAMAGED. A POLICE REPORT WAS FILED ALONG WITH A CLAIM WITH MY INSURANCE COMPANY. *AK

UPON FURTHER INVESTIGATION, AFTER THE FACT, I LATER LEARNED THAT THIS HAS BEEN A KNOWN PROBLEM WITH OTHER F-150 OWNERS WHERE THEIR PICKUPS ALSO HAD SPONTANEOUS COMBUSTION RESULTING IN TOTAL DAMAGE THEIR VEHICLE AND IN SOME CASES, LOSS OF THEIR HOMES.

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

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
05-AUG-2004

Repository
Reference No.
10086274

OWNER INFORMATION (Type or Print)

Name
Address
City

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 1FTRF07L8YM		Make FORD	Model F150	Model Year 2000
Date Purchased 07-JUL-03	Dealer's Name and Telephone Number EXPRESSWAY FORD		Engine: No. Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City EL PASO	State TX	Zip Code	
Transmission Type <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD		
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 02-JUL-2004	Failure Mileage 46000	Failure Speed 0
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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)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	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; i.e. parts repaired or replaced (and if old part is available).

FIRE IN 2000 FORD F-150 PICKUP TRUCK. PARKED VEHICLE IN DRIVEWAY. FIVE MINUTES LATER TRUCK WAS SEEN ON FIRE. HAD 46000 MILES ON ODOMETER. FIRE ORIGIN AT BRAKE MASTER CYLINDER. SPEED CONTROL DEACTIVATION SWITCH STILL IN POSITION BUT FIRE DAMAGED. X-RAYS OF PLASTIC SWITCH HEAD SHOW ONE CONTACT TOTALLY DESTROYED BY ELECTRICAL ARCING. FUSE FOR THE SCDS WAS BLOWN AFTER THE FIRE. *AK

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

The Privacy Act of 1974 (Pub. 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
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National Highway
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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

12-AUG-2004

Repository Reference No.
10066742

OWNER INFORMATION (Type or Print)

Name

Address

City

E-mail Address

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

1FTR06LXYK _____

Make

FORD

Model

F150

Model Year

2000

Date Purchased
31-JAN-00Dealer's Name and Telephone Number
COURTESY FORDEngine:
No. Cylinders Fuel Type:
GasOriginal Owner
Dealer's City
HATTIESBURGState
MS

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
REAR WHEEL DRIVE

Vehicle Component Code

114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
30-JUN-2004Failure Mileage
95000Failure Speed
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: DOTM19ABC036)

 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

0

Number of Deaths

0

Reported to Police

Y

Narrative Description of Accident(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).

UNDERHOOD FIRE IN THE LEFT REAR ENGINE COMPARTMENT. VEHICLE WAS PARKED SEVERAL HOURS BEFORE FAILURE IN A PARKING LOT. OTHERS BROUGHT THE FIRE TO THE OWNERS ATTENTION WHO WAS AT WORK. NOT REPAIRABLE.*AK

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>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>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Date Received 31-AUG-2004</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10088899</p>	
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name: [REDACTED]</p>					
<p>Address: [REDACTED]</p>					
<p>City: [REDACTED]</p>					
<p>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.</p>					
<p>Signature of Owner _____ Date: / /</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTRX18LXV [REDACTED]</p>			<p>Make FORD</p>	<p>Model F150</p>	<p>Model Year 2000</p>
<p>Date Purchased</p>		<p>Dealer's Name and Telephone Number</p>		<p>Engine: No: Cylinders 8</p>	<p>Fuel Type: Gas</p>
<p>Original Owner <input type="checkbox"/></p>		<p>Dealer's City</p>		<p>State</p>	<p>Zip Code</p>
<p>Transmission Type AUTOMATIC</p>	<p><input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain REAR WHEEL DRIVE</p>		<p>Vehicle Component Code 185000 VEHICLE SPEED CONTROL-CRUISE CONTROL</p>	
<p>Multiple Failure: 1</p>					
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Incident Date(s) 12-AUG-2004</p>	<p>Failure Mileage 126000</p>	<p>Failure Speed 0</p>			
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM19ABC036)</p>		<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>				<p>Tire Failure Type</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>			<p>Failed Part:</p>		
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Deaths 0</p>	<p>Reported to Police N</p>	
<p>Narrative Description of Incident(s), Crash(es), and Injury(es). 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>2000 FORD F150 PICKUP TRUCK WITH APPROX. 126,000 MILES, CAUGHT FIRE IN THE ENGINE COMPARTMENT AFTER BEING PARKED ABOUT 5 HOURS. FIRE LOCATION WAS AT THE LEFT SIDE OF THE ENGINE COMPARTMENT. THE CAUSE OF THE FIRE IS BELIEVED TO BE THE SCDS (SPEED CONTROL DISENGAGEMENT SWITCH). FIRE DAMAGED TRUCK AND EDGE OF CARPORT. *AK</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.</p>					
<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 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.</p>					



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

DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4296)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1372

Data Received

30-AUG-2004

Repository Reference No.
10089985

OWNER INFORMATION (Type or Print)

Name

Address

City

Domestic Telephone Number

E-mail Address

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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2FTZK0728Y _____Make
FORDModel
F150Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

063200 ENGINE AND ENGINE COOLING:EXHAUST SYSTEM:MANIFOLD

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
12-AUG-2004

Failure Mileage

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: DOTMALSABC036)

 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).

ENGINE COMPARTMENT FIRE ON DRIVER'S SIDE AFTER SITTING 2 TO 3 HOURS. FIRE SEEMED TO BE AT THE BRAKE MASTER CYLINDER, POSSIBLE SPEED CONTROL DEACTIVATION SWITCH. FIRE PUT OUT VERY SHORTLY AFTER IT STARTED. INSURANCE COMPANY NATIONWIDE, 888-593-2432 EXT 13, GEORGE ALEXANDER. PHOTOGRAPHS TAKEN. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline
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To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

14-SEP-2004

Repository Reference No.
10090945**OWNER INFORMATION (Type or Print)**

Name

Address

City

Daytime Telephone Number

E-mail Address

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

1FTRXL7L7Y1 _____

Make

FORD

Model

F150

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

11000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

06-SEP-2004

Failure Mileage

90000

Failure Speed

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: 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), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes 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).

FIRE OCCURRED IN LR QUADRANT OF ENGINE COMPARTMENT WHILE VEHICLE WAS PARKED AND NOT RUNNING. ORIGIN IS AT MASTER BRAKE CYLINDER. OWNER RELATES THAT 30-45 DAYS PRIOR TO FIRE THE CRUISE CONTROL HAD FAILED INTERMITTANTLY SEVERAL TIMES AND THEN BECAME INOPERATIVE.

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

ATTACH ADDITIONAL SHEETS, IF NECESSARY

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U.S. Department of Transportation
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DOT Auto Safety Hotline
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1-888-DASH-2-DOT
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1372

Date Received
04-DEC-2003

Repository
Reference No.
10095250

OWNER INFORMATION (Type or Print)

Name
Address
City

[Redacted Owner Information]

Home Telephone Number
Number

E-mail Address

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 2FTRX17L6 [Redacted]		Make FORD	Model F150	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 060000 ENGINE AND ENGINE COOLING	
Multiple Failure:				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-SEP-2003	Failure Mileage 160000	Failure Speed	
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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: DD7MALSABC036)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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; i.e., parts repaired or replaced (and if old part is available).

UNDER HOOD FIRE AFTER HAVING BEEN PARKE WITH THE KEYS OUT OF THE IGNITION FOR 1.5 HOURS. THE FIRE WAS IN THE ENGINE COMPARTMENT AND BURNED A HOLE IN THE HOOD ON THE DRIVERS SIDE NEAR THE FIRE WALL.

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

FOR AGENCY USE ONLY 1372

Date Received

25-MAY-2004

Repository Reference No.
10095369

OWNER INFORMATION (Type or Print)

Name

Address

City

E-mail Address

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

1FTRX17W0YK

Make
FORDModel
F150Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

 Cruise Control

Powertrain

Vehicle Component Code

D60000 ENGINE AND ENGINE COOLING

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

12-NOV-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

The Model (Name or Number)

The Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC036)

 Original Equipment
 Prior Repair

Failure Location:

The 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 (i.e. parts repaired or replaced (and if old part is available)).

FIRE STARTED IN ENGINE COMPARTMENT AFTER HAVING BEEN PARKED FOR A FEW HOURS. THE CRUISE CONTROL HAD STOPPED WORKING 2-4 WEEKS PRIOR TO THE FIRE

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1372

Date Received

25-MAY-2004

Repository Reference No.
10095370**OWNER INFORMATION (Type or Print)**

Name

Address

City

E-mail Address

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 1FTRX17L2YM		Make FORD	Model F150	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 060000 ENGINE AND ENGINE COOLING	
Multiple Failure:				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-NOV-2003	Failure Mileage	Failure Speed	
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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: DOTMALSABC036)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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;
i.e., parts repaired or replaced (and if old part is available).

FIRE STARTED IN ENGINE COMPARTMENT A FEW HOURS AFTER BEING PARKED. THE CRUISE CONTROL HAD STOPPED WORKING A FEW WEEKS PRIOR TO THE FIRE. CONTACT LAWYER MIKE JOLLY 713-237-8383

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.



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INTERNET: www.nhtsa.dot.gov/hotline

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Date Received

07-OCT-2004

Repository Reference No.
10095374**OWNER INFORMATION (Type or Print)**

Name

Address

City

Telephone Number

E-mail Address

Fax 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 ____/____/____

VEHICLE INFORMATION

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

1FTZX172XY

Make

FORD

Model

F150

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

11400D ELECTRICAL SYSTEM:WIRING

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-FEB-2004

Failure Mileage

66000

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: DOTMALSABC036)

 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).

FIRE IN ENGINE COMPARTMENT AFTER SITTING PARKED FOR 2.5 HOURS. FIRE STARTED NEAR THE MASTER CYLINDER. CRUISE CONTROL WAS NOT WORKING SINCE THE PURCHASE OF THE VEHICLE IN NOVEMBER 2003. PLEASE CONTACT FIRE INVESTIGATOR MIKE BERES 214-946-8988. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1372

Date Received 25-MAY-2004	Repository <input type="checkbox"/>
	Reference No. 10096561

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City	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 / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FTRX17LXYK	Make FORD	Model F150	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 050000 ENGINE AND ENGINE COOLING
Multiple Failure:			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 19-SEP-2003	Failure Mileage	Failure Speed
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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)	<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(es).)

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 Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).
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).

ENGINE COMPARTMENT FIRE WHILE PARKED. USED CRUISE CONTROL 1 MONTH PRIOR TO FIRE.

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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Date Received
26-OCT-2004

Repository
Reference No.
10097777

OWNER INFORMATION (Type or Print)

Name	Number	E-mail Address
Address	Number	
City		

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 1FTZXL727Y	Make FORD	Model F150	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 215000 ELECTRICAL SYSTEM:FUSES AND CIRCUIT BREAKERS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-AUG-2004	Failure Mileage 80000	Failure Speed
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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

(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	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; i.e., parts repaired or replaced (and if old part is available).

WHILE VEHICLE WAS PARKED FOR ABOUT 3 HOURS A NEIGHBOR ALERTED CONSUMER THAT VEHICLE WAS ON FIRE. BURNED FOR APPROXIMATELY 5 MINUTES. FUSES #2/13, AND 14 FOUND OPERATING. CONSUMER STATED THAT CRUISE CONTROL STOPPED WORKING IN THE WEEK BEFORE THE FIRE. *AK

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
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DOT Auto Safety Hotline
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1372

Date Received

26-OCT-2004

Repository Reference No.
10097782

OWNER INFORMATION (Type or Print)

Name
Address
City

Number

E-mail Address

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 ____/____/____

VEHICLE INFORMATION

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

1FTPX17L6Y

Make

FORD

Model

F150

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

115000 ELECTRICAL SYSTEM:FUSES AND CIRCUIT BREAKERS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

29-SEP-2004

Failure Mileage

90000

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)

 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).

VEHICLE WAS PARKED AT 8:30 PM AND AT 2:30 AM NEIGHBOR HEARD LOUD BANG, SAW VEHICLE ON FIRE. CONSUMER STATED THAT CRUISE CONTROL STOPPED WORKING ABOUT A WEEK PRIOR TO THE FIRE. #2/13 AND 14 FUSES FOUND OPERATING. *AK

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

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

11-NOV-2004

Repository Reference No.
10098648**OWNER INFORMATION (Type or Print)**

Name

Address

City

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 INFORMATION17 digit Vehicle Identification Number located at bottom of windshield on driver's side
2FTR008L2Y0 _____Make
FORDModel
F150Model Year
2000Date Purchased
20-NOV-99Dealer's Name and Telephone Number
LAPOINTE FORDEngine:
No. Cylinders 8Fuel Type:
GasOriginal Owner
Dealer's City
MURRAYState
UT

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
4 WHEEL DRIVE

Vehicle Component Code

114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
01-JAN-2004Failure Mileage
60000Failure Speed
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: DOTM4LSABC036)

 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

0

Number of Deaths

0

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).

OUR 2000 FORD F-150 HAD NOT HAD ANY PREVIOUS PROBLEMS. ONE MORNING IT WAS DRIVEN FOR ABOUT 40 MINUTES, THEN PARKED IN A LOT. WHILE IN THE LOT, IT CAUGHT FIRE (WITH NOT EVEN A KEY IN THE IGNITION). WE THINK IT HAD MAYBE BEEN PARKED AN HOUR BEFORE IT CAUGHT FIRE, BUT NOBODY KNOWS FOR SURE BECAUSE SOMEONE ELSE SPOTTED IT BURNING. FIRE INSPECTORS DETERMINED THAT THE FIRE STARTED IN THE ENGINE COMPARTMENT, AND THAT THERE WAS NO FOUL PLAY. THE FIRE APPEARED TO START TOWARDS THE FRONT, AND ON THE BATTERY SIDE. BY THE TIME SOMEONE NOTICED IT AND CALLED THE FIRE DEPARTMENT, MOST OF THE ENGINE AND HOOD AREA HAD PRETTY MUCH BEEN TORCHED. IT WAS PUT OUT BY THE FIRE DEPARTMENT AND WE CONSIDERED IT A TOTAL LOSS. WE CONTACTED THE FORD DEALER WHERE THE CAR WAS PURCHASED, AND THE FORD MOTOR COMPANY. BOTH REPLIED THAT THEY WERE NOT RESPONSIBLE AND UNWILLING TO HELP IN ANY WAY. BJB

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.



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
(1-888-327-4235)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1001BZ

Date Received: NHTSA 10/21/04 Repository

File No: 15
Form No: 10072018

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: [Redacted]
Do you live in the State of: [Redacted]
Signature: [Redacted]

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side) 2LMRU27A8YL	Make LINCOLN	Model NAVIGATOR	Model Year 2000
Date Purchased 01-07-00	Dealer's Name and Telephone Number HARVEST SUPER LAND (214) 487-0501	Engine V8	Fuel Type Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City SPRINGFIELD	State TX	Zip Code 75074
Transmission Type <input checked="" type="checkbox"/> Automatic	Powertrain Powertrain	Vehicle Component Code 114000 ELECTRICAL SYSTEM WIRING	
<input checked="" type="checkbox"/> Antilock Brakes	<input checked="" type="checkbox"/> Child Control	Multiple Failure: 1	

FAILURE COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-27-04	Failure Mileage 40000	Failure Speed [Redacted]
------------------------------	--------------------------	-----------------------------

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/85R15)
DOT No. (Example: DOTM14ABC035)	<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 by date the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	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).

CONSUMER COMPLAINED ABOUT AN ELECTRICAL PROBLEM. HORN DID NOT BLOW. ALSO, VEHICLE CAUGHT FIRE. THE VEHICLE WAS PARKED, AND UNATTENDED WHEN IT IGNITED INTO FLAMES. THE FIRE DEPARTMENT WAS NOTIFIED. *AK

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

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

The door stop blowing and the volume on the steering wheel stop work a day before the truck caught a fire back inside the car panel

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 75173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HIGHWAY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigations, NYS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE & SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236


DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
Information address: dot.gov/odot

To: Whom it may Concern 05-12-04

When we bought the Lincoln Navigator 2000 we bought the top of the line not a regular truck. We thought that it was going to last the Lincoln Navigator on have 40000 miles on it we bought this truck new not used we paid cash for the Lincoln Navigator we never had any kind of problem with it. The truck is still park under the car-porch we hope and pray someone look into this or come out and see it. please.



B Location

Check this box to indicate that the address for this incident is provided on the Multiple Form. (Circle LA service & appropriate location specification, one only for Multiple Form.)

Street address **24700** **Robert**

Intersection **Flaquemin** **LA** **54**

In front of

Rear of

Adjacent to

Direction

City **Flaquemin** State **LA** ZIP Code **70544**

C Incident Type

130 Mobile property (vehicle) fire

H1 Date & Times Midnight is 0000

Check boxes if dates are the same as those of Alarm

Alarm # **04** **27** **2004** **16:21:00**

Arrival # **04** **27** **2004** **16:24:00**

Controlled

Last Unit's **04** **27** **2004** **16:45**

Closed

D Aid Given or Received

1 Medical aid received

2 Ambulance aid given

3 Medical aid given

4 Ambulance aid given

5 Other aid given

6 None

E2

F Actions Taken

12 Salvage & overhaul

Tricky Action Taken (1)

Additional Action Taken (2)

G1 Reinsurance

Check this box and stip this section if an Appraisal or Appraisal date is used.

Appraisal Personal **0002** Personal **0007**

Suppression **0002** Personal **0007**

Other **0**

G2 Estimated Dollar Losses

PROPERTY \$ **000**

Contents \$ **000** **00**

RE-INCIDENT VALUE

REPAIRS \$

Contents \$

H Casualties

Deaths **0**

Injuries **0**

H3 Hazardous Materials Release

1 None

2 Natural Gas: also leak, no container or better control

3 Weapons Gas: gas tank for vehicle or grill

4 Gasoline: outside fuel tank or portable container

5 Petroleum: fuel tank or portable container

6 Diesel Fuel/Fluid oil: outside fuel tank or portable container

7 Household chemicals: household spill, cleanup only

8 Motor oil: above engine or portable container

9 Pesticide: above ground or portable container

0 Other: specify source, container or spill > 5 gallons

I

00

J Property Structures

131 Church

161 Hospital

162 School

213 Apartment building or high-rise

215 Single family high

241 Industrial

311 Warehouse

331 Other

341 Clinic, clinic type infirmary

342 Doctor/ dentist office

361 Prison or jail, not juvenile

419 1- or 2-family dwelling

429 Multi-family dwelling

439 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

535 Household

579 Motor vehicle

571 Gas or service

599 Business office

615 Electric generator

629 Laboratory/science lab

700 Manufacturing plant

819 Private utility store

882 Non-residential parking

891 Warehouse

941 Construction site

964 Industrial plant year

124 Other

635 Other

649 Other

807 Other

919 Other

931 Other

936 Vacant lot

938 Graded/care for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

Looking and enter a Property Use (check only if you have not checked a Property Use)

Property Use **89**

Parking garage

B Property Details

B1 Not Residential
 Estimated Number of Residential living units in building of origin whether or not all units became involved

B2 Buildings not involved
 Number of buildings involved

B3 None
 Acres Burned (outside fires) Less than one acre

C On-site Materials or Products

Complete if there were any significant amounts of commercial, industrial, energy, agricultural products or materials on property, whether or not involved.

Enter up to three codes. Check one or more boxes for each code entered.

None None
 On-site material (1)

None None
 On-site material (2)

None None
 On-site material (3)

1 Bulk storage or warehouse
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 1 Bulk storage or warehouse
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 1 Bulk storage or warehouse
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service

D Ignition

D1 03 Engine area, running
 Area of fire origin

D2 00 Undetermined
 Best guess

D3 00 Undetermined
 Area first ignited

D4 00 Undetermined
 Type of material first ignited

E1 Cause of Ignition

Check box if this is an exposure report. Skip to section 8

1 Substantial
 2 Maintenance
 3 Failure of equipment or part thereof
 4 Hot of source
 5 Cause under investigation
 6 Cause undetermined after investigation

E2 Factors Contributing To Ignition

None
 Factor Contributing To Ignition (1)

None
 Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Alcohol
 2 Possibly intoxicated by alcohol or drug
 3 Unattended person
 4 Possibly mental disability
 5 Physically disabled
 6 Multi-person event
 7 Other

Estimate age of person involved:
 1 Child 2 Adult

F1 Equipment Involved In Ignition

Name of equipment not furnished, skip to Section 8

Equipment Involved:

Brand:

Model:

Serial #:

Year:

F2 Equipment Power

 Equipment Power Source

F3 Equipment Portability

1 Portable
 2 Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Efforts

Enter up to three codes

 Fire suppression factor (1)

 Fire suppression factor (2)

 Fire suppression factor (3)

H1 Mobile Property Involved

None

Not involved
 Involved

Navigator
 Mobile property make

 Year

H2 Mobile Property Type & Make

10 Passenger road vehicle
 Mobile property type

LT Lincoln
 Mobile property make

Local Use

Pre-Fire Plan Available
 Name of the individual presented this report may be located at:
 Name other Agency:

Agency report attached
 Police report attached
 Owner report attached
 Other reports attached

WFTV - Division 01/19

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr./Ms./Mrs. First Name

MI

Last Name

Number

Box/Fla

Street or Highway

Street

Post Office Box

Apt./Suite/Room

City

State Zip Code

More people involved? Check this box and attach Supplemental Forms (SF706-1B) as necessary

K2 Owner

Same as person involved? Then check this box and skip the rest of this section.

Local Option

Check this box if same address as incident location. Then skip the three duplicate address lines.

Box/Fla

Type

State Zip Code

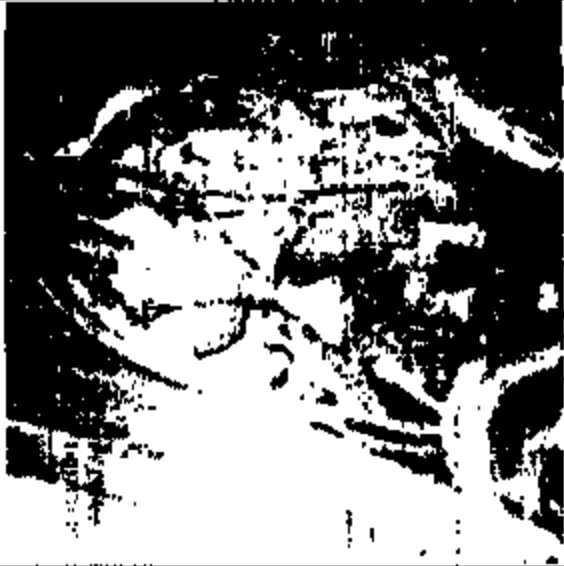
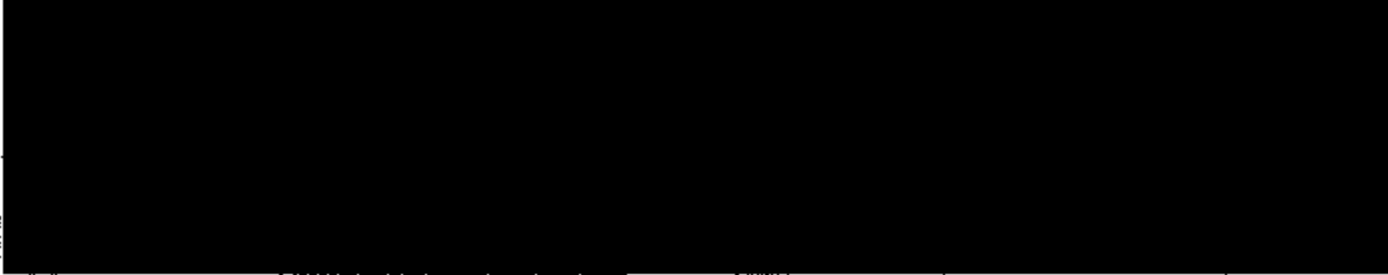
L Remarks

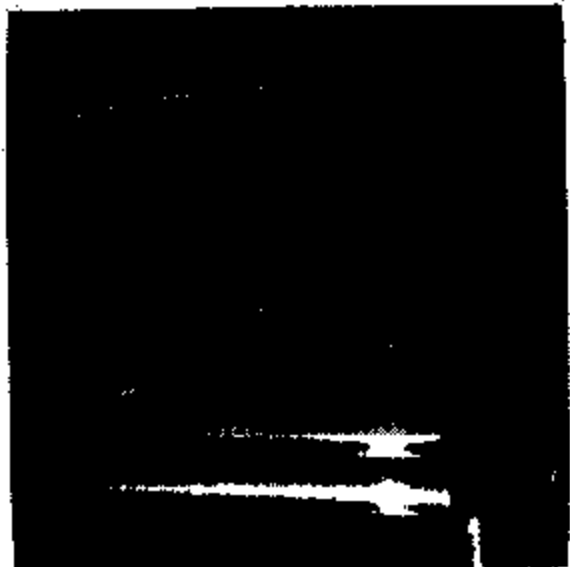
Local Option

Dispatched for vehicle fire...upon arrival of FLAGEMINE FIRE DEPARTMENT resident has already extinguished fire with garden hose...FLAGEMINE FIRE DEPARTMENT checked to make sure fire was completely out...it was. Obtained information for run report...

INCIDENT COMMAND terminated and all FLAGEMINE FIRE DEPARTMENT units returned to station.

04/27/2004 17:52 Chris Rivet







July 3, 2004

10089746

2004 AUG 20 PM 4:17



Office of the Attorney General

Please return completed consumer contact form to:
Office of Attorney General Charlie Crist
State of Florida
PL-01, The Capitol
Tallahassee, Florida 32399-1060

Consumer Contact Form

The shaded information **MUST** be provided as we correspond via U.S. mail. *Incomplete forms cannot be processed. PLEASE WRITE LEGIBLY. Only one business per complaint form.*

2/1/04

Person Making Complaint:	Complainant's Contact:
	Name/Firm/Company <u>Ford Motor Co / Lincoln</u>
	Mailing Address <u>P.O. Box 6248</u>
	City, County <u>Dearborn</u>
	State, Zip Code <u>MI 48126</u>
	Business Phone, including Area Code <u>800-531-4140</u>
Business Email or Web Address	

Product or Service Involved: Lincoln Navigator Amount Paid: \$29,600.00

Date of Transaction: 7/16/03 I was contacted _____ Telephone _____ Mail _____ Other _____

Have you retained an attorney? Yes No

Did you sign a contract or other papers, i.e. estimates, invoices, or other supporting documents? Yes No

(ATTACH COPIES. DO NOT SEND ORIGINALS.)

Note:

- All documents and attachments submitted with this complaint are subject to public inspection pursuant to Chapter 119, Florida Statutes.
- Whoever knowingly or recklessly discloses any information that is confidential or otherwise exempt from public inspection pursuant to s. 119, Florida Statutes, is guilty of a crime under s. 88.07, Florida Statutes.

Please indicate if you are over the age of 60. Penalties can be enhanced for victimizing senior citizens. Over 60 Yes No

(PLEASE USE OTHER SIDE OF THIS FORM TO DESCRIBE YOUR COMPLAINT & ATTACH YOUR SIGNATURE)

*Amey
Amey
8/29/04*

Please explain your complaint. Attach additional sheets, if necessary.

On April 19, 2004, my Lincoln Navigator caught on fire after being parked in my garage approximately 3 hours earlier, completely destroying my home and all of the contents, and my heart.

According to the State Fire Marshall, the cause of this fire was definitely the Lincoln Navigator. And, according to the fire marshal, there have been numerous fires involving Lincoln vehicles started by the Keyless Entry System.

I have also been told by a friend in Ft. Lauderdale, who is a fireman, that he couldn't tell me how many Lincoln Navigator fires he has responded to. It appears that the fires started 2-3 hours after the vehicle was parked.

I sincerely think Ford Motor Company has been negligent in not recalling this vehicle for a fire hazard. My family was fortunate to escape, but other families may not be so fortunate.

I have also been told that Ford will settle with State Farm Insurance for the settlement paid to me, but will never admit any responsibility for a faulty product.

My signature authorizes the Attorney General's Office to take any action deemed necessary for purposes of investigation or enforcement. I understand that the Attorney General does not represent private citizens seeking the return of their money or other personal remedies. I am filing this complaint to notify your office of the activities of this company so that it may be determined if law enforcement or legal action is warranted.

Signature: _____

Date: 6/29/04



US Consumer Product Safety Commission

Consumer Product Incident Report

By filling out the form below and then submitting it, you can report any injury or death involving consumer products to us, or report an unsafe product to us. We may contact you by mail, phone or Internet email for further details. In addition, you will be contacted to confirm the information you sent. Please provide as much information as possible. Your name, address, and telephone number are optional, but we can't contact you without that information. You can also report an incident or unsafe product by calling toll-free at 1-800-638-2772.

AGAIN, CPSC does not have jurisdiction over automobiles, trucks and motorcycles, car seats protecting children in on-road vehicles, foods, medicines, cosmetics, and medical devices, or dissatisfaction with business practices (links to the proper agencies can be found on the "Report Unsafe Products" page).

When filling out the form, use the TAB key or your mouse to go to the next data area. Use the scroll bar to scroll down the form.

Your e
Yo
De

Please describe the incident or hazard, including description of injuries:

See attached

Describe product involved:

Product Brand Name/Manufacturer:

Place where manufactured (city and state or country):

Product model, serial #, & date of manufacture or date code if available:

When was the product purchased?

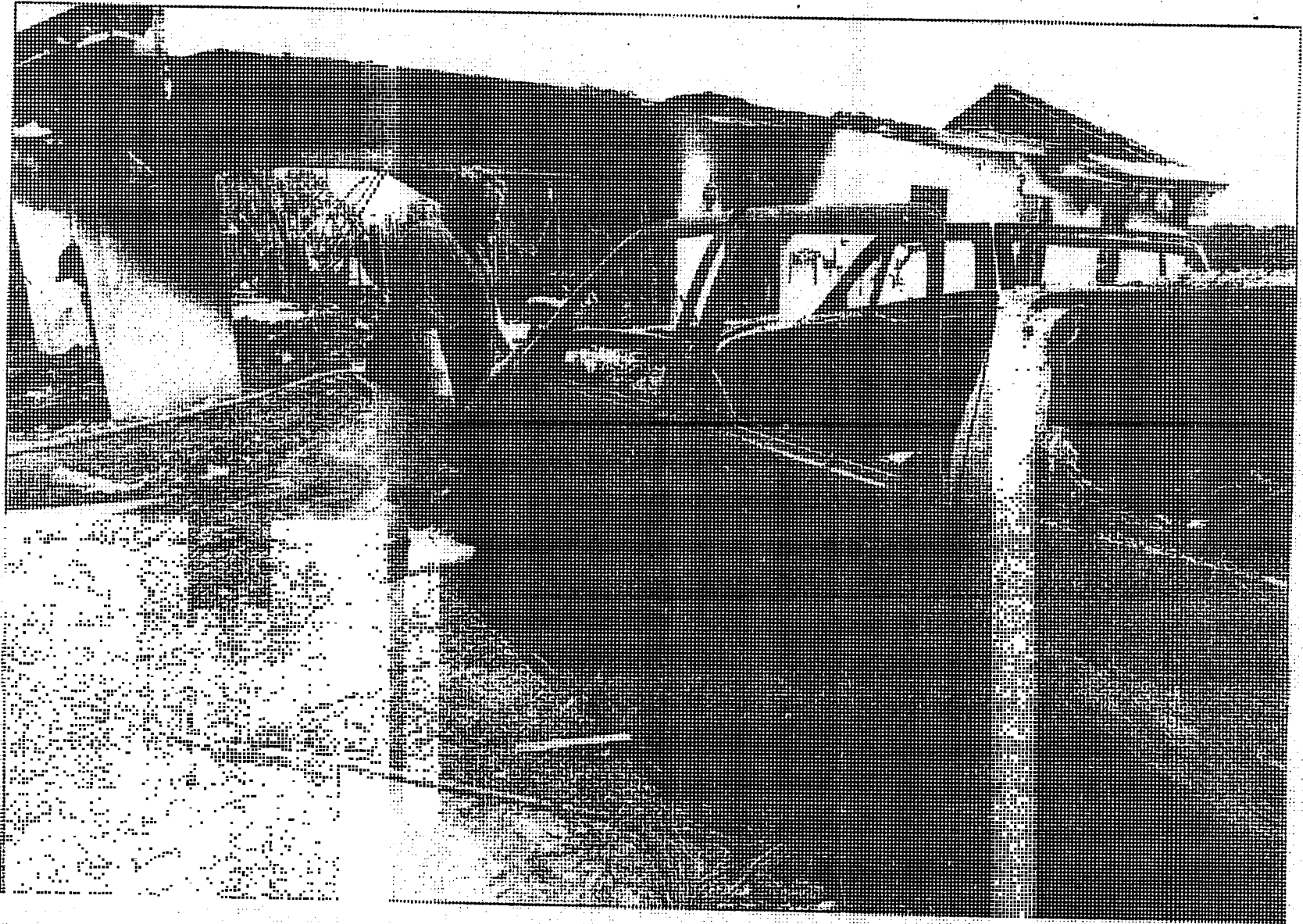
Do you still have the product? Yes No

May we use your name with this report?

- I request that you do not release my name
 You may release my name to the manufacturer but I request that you do not release it to the general public
 You may release my name to the manufacturer and to the public

1-800-638-2772

NO ONE WAS INJURED



Craig Brown examines the remains of his Lincoln Navigator, which caught fire Monday night and burned down his home in the 4900 block of Southwest Wild Turkey Lane in western Martin County. Brown said he heard an explosion in his garage shortly after 9:30 p.m.; he opened the door and saw the truck engulfed in flames. "The vehicle thing went up so fast," he said. "By 9:45 it was done." Brown said firefighters, who were working a brush fire nearby, responded in record time. "We're just happy our kids are safe and no firefighters got hurt," he said.

JASON KEITLER staff photographer



Craig Brown (right) speaks on the phone as his father Neal Brown (left) sits through the remains of his son's 6,000-square-foot home Tuesday.

PAGE 1, MARCH 20/21

If not for child, it may have been worse

By JILL TAYLOR
Fort Lauderdale Post Staff Writer

Craig and Stephanie Brown lost their dream home, but had it not been for a sick child, they might have lost their two daughters and their own lives when fire swept

Stephanie Brown was comforting 6-year-old Kerstin, who was sick to her stomach after some minor surgery earlier in the day. It was 10 p.m. and every

been in bed, asleep.

"We were sleeping. We were so tired," Stephanie Brown said. "I was just ready to go back to bed when I heard an explosion. I was so dizzy I couldn't see anything."

The Browns live in a wooded area with woods and pastures. Peachers sometimes hunt wild hogs and other wildlife in the area.

'I was getting ready to bring her back to bed when I heard an explosion. . . . I thought maybe some crazy person was out there hunting.'

STEPHANIE BROWN
 Homeowner

Craig Brown could smell smoke and told his family to get outside quickly. Stephanie Brown still had Kerstin in her arms and screamed for 15-year-old Britiany, who had been asleep on a couch.

Mrs. Brown and the girls ran outside to an all-terrain vehicle and drove a couple of miles down the road to a neighbor to call for help.

Meanwhile, Craig Brown checked the garage and could see a red glow on the underside of the 2000 Lincoln Navigator he bought so his wife and kids could better handle the long dirt road to their house.

He tried to hit the fire with a fire extinguisher, but it didn't work and he left the house. He said flames began through the garage roof as a fiber-optic cable next to the Lincoln ignited and quickly

they got there in minutes. But there they could do to stop the fire. The crumbled thick granite countertop had once been.

An investigation by the Fort Lauderdale Fire Marshal's Office determined the blaze was started by the SUV and the Lincoln. Craig Brown said they told him the fire started in the keyless ignition system of the Lincoln.

Losses were estimated at \$800,000.

The house was destroyed. Two dogs and several other animals were unharmed.

See

Resilient family plans to rebuild

► FIRE From 1B

The family lost everything. Stored baby clothes they hoped to use with another child. Photographs. An antique chair. Stephanie gave his wife as an anniversary gift. The Browns sifted through

what was left Tuesday, finding a few pieces of jewelry and a couple of knick-knacks. Not much more.

But the Browns were grateful to have survived and vowed to try again for a new home. In the country they were looking for when Brown sold his securities business and their home in

Fort Lauderdale. They had been in the new home less than a year, but they still have all the plans.

"We're going to rebuild. Right, baby?" Brown asked his wife.

She smiled. "It's our home."

© Jill Taylor@ftpost.com