



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

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

OCT 28 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 500
Dearborn, MI 48126

NVS-212.pco
RQ04-011

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 Recall Query (RQ04-011) to investigate allegations of recalled vehicles with subsequent front seat belt failures in selected MY2001 Ford vehicles (Crown Victoria, Grand Marquis, Town Car, Windstar, Ranger, F150-F550, Expedition, Navigator built through 5/2001 and Excursion built through 10/02/2001) manufactured by Ford Motor Company, and to request certain information.

This office has received 11 reports alleging that the front seat belt buckle assembly failed. The reports specifically state that the dealer performed the recall remedy procedure under recall (01V227) and the dealer determined that the buckle was not defective and did not require replacement. In addition, nine other reports with unknown recall remedy status, also received by the agency after Ford issued its safety recall, allege that a buckle failed or unlatched during normal use or did not hold during crash. A copy of each of the reports is enclosed for your information.

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

- **Subject vehicles:** MY2001 Ford vehicles (Crown Victoria, Grand Marquis, Town Car, Windstar, Ranger, F150-F550, Expedition, Navigator and Excursion) manufactured for sale or lease in the United States.
- **Subject component:** all front outboard seat belt buckle assemblies manufactured on the subject vehicles.
- **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 divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of



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

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 September 1, 1999, 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:** front seat belt buckle failure after recall remedy has been performed.
 - **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 Ford 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.

1. State, by model year and model, the number of subject vehicles Ford has manufactured for sale or lease in the United States under original recall 01V227 and remaining vehicles not under original recall for that model year. Separately, for each subject vehicle manufactured to date by Ford, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of manufacture;
 - f. Part of original recall (01V227);
 - g. Whether recall remedy procedure was performed;
 - h. Whether drive-side seat belt buckle was replaced;
 - i. Whether passenger-side seat belt buckle was replaced;
 - j. Date warranty coverage commenced; and
 - k. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the information for each model in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA" for each model.

2. State by model, the number of each of the following, received by Ford, or of which Ford is otherwise aware, which relate to, or may relate to, the alleged defect 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. Property damage claims;
 - e. Third-party arbitration proceedings where Ford is or was a party to the arbitration; and
 - f. 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. All reports/incidents involving a previously completed recall remedy vehicle are to be identified and counted. Multiple reports of the same vehicle but of different side of seat belt are to be identified and counted. Multiple reports of the same incident are also to be identified and 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 "d," 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 "e" and "f," 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 model and 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. Report or claim date;
 - i. Whether recall remedy procedure was previously performed;
 - j. Whether driver-side seat belt buckle was replaced;
 - k. Whether passenger-side seat belt buckle was replaced;
 - l. Whether the driver or passenger-side seat belt is currently at issue;
 - m. Whether a crash is alleged;
 - n. Whether property damage is alleged;
 - o. Number of alleged injuries, if any; and
 - p. Number of alleged fatalities, if any.

Provide this information for each model in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA_Ranger..."

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by model and category (i.e., consumer complaints, field reports, etc.) and describe the method Ford used for organizing the documents.
5. 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 for vehicles that have had the remedy recall procedure previously performed that relate to, or may relate to, the alleged defect 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, "subsequent recall claim," or seat belt replacement made in accordance with the procedure specified in the original recall 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. Whether recall remedy procedure was previously performed;
- h. Whether drive-side seat belt buckle was replaced;
- i. Whether passenger-side seat belt buckle was replaced;
- j. Whether the driver or passenger-side seat belt is currently at issue;
- k. Labor operation number;
- l. Problem code;
- m. Replacement part number(s) and description(s);
- n. Concern stated by customer; and
- o. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information for each model in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA."

6. Describe in detail the search criteria used by Ford to identify the claims identified in response to Request No. 5, 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) 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.

7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles and the training and use of the "special tool," 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 Ford is planning to issue within the next 120 days.
8. 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 the proper use of the "special tool," 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 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.

9. Describe all modifications or changes made by, or on behalf of, Ford in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles including in detail the root cause and manufacturing corrective action used during the original recall campaign (01V227). For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that Ford is aware of which may be incorporated into vehicle production within the next 120 days.

10. Produce two of each of the following:

- a. Exemplar samples of the pre- and post-recall design version of the subject component;
- b. Field return samples of the subject component exhibiting the subject failure mode;
- c. Functional "half-section" sample (one only) of subject component, and
- d. Any special tool that have been released, or developed, by Ford for use in recall service inspection during 01V227 to the subject component/assembly which relate, or may relate, to the alleged defect in the subject vehicles. Include all instructions/operating procedures that were available to the service technician.

11. State the number of each of the following that Ford has sold subsequent to the recall campaign notification of July, 2001, that may be used in the subject 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. Driver-side seat belt buckle; and
- b. Passenger-side seat belt buckle.

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 identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

12. Furnish Ford's assessment of the alleged defect in the subject vehicle, including:

- a. The causal or contributory factor(s);
- b. The failure mechanism(s);
- c. The failure mode(s);
- d. The risk to motor vehicle safety that it poses;
- e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
- f. The reports included with this inquiry (including if a scope issue exist).

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 December 15, 2004. Please refer to RQ04-011 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 me at (202) 366-5218 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, as amended (69 Fed. Reg. 21409 et seq; April 21, 2004), 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 Peter C. Ong of my staff at (202) 366-0583.

Sincerely,



Thomas Z. Cooper, Chief
Vehicle Integrity Division
Office of Defects Investigation

Enclosure:

| | | | | | |
|-------------|----------|----------|----------|----------|----------|
| 11 ODI Rpts | 749683 | 751721 | 752198 | 8023187 | 10010200 |
| | 10051590 | 10016696 | 10031649 | 10045697 | 10063308 |
| | 10089982 | | | | |
| 9 ODI Rpts | 567102 | 567648 | 770005 | 10003711 | 10011746 |
| | 10060003 | 10062997 | 10072573 | 10089720 | |



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Administration

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

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Date Received

02-AUG-2001

Repository

Reference No.
749683

OWNER INFORMATION (Type or Print)

Name JOHN FALK

Address 4084 CALLIOPE CT

City REDDING

State CA

Zip Code

Daytime Telephone Number
811-111-1111

E-mail Address

Evening Telephone Number

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

Signature of Owner _____ Date 8/1/01

VEHICLE INFORMATION

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

2FMDA5343

Make FORD

Model WINDSTAR

Model Year 2001

Date Purchased
01-NOV-00

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-AUG-2001

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(es).)

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(es).

Please describe (1) events leading up to this 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).

FORD BELT BUCKLE INSPECTION IS PROBABLY FLAWED. THE PASSENGER SIDE BUCKLES IN BOTH MY 2001 WINDSTAR AND 2001 F-250 INTERMITTENTLY LATCH IN THE "SLIGHTLY DEPRESSED" POSITION AS DESCRIBED IN THE RECALL PAPERWORK *AK 1E04074.*PCO

Include, if available: Police/Fire Department Report, Photos, and Recall 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

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Date Received
05-SEP-2001

Repository
Reference No.
751721

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SCOTTSDALE State AZ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTYR14U2 [REDACTED]
Make FORD Model RANGER Model Year 2001
Date Purchased 01-JUL-01 Dealer's Name and Telephone Number _____ Engine: No: Cylinders _____ Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type Antilock Brakes Powertrain REAR WHEEL DRIVE Vehicle Component Code 1S1400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY
 Cruise Control Multiple Failure: 100

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-JUL-2001 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: 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 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(s).
i.e., parts repaired or replaced (and if old part is available).

PASSENGER-SIDE SEAT BELT BECOMES UN-BUCKLED AT RANDOM TIMES. THE BUCKLE INITIALLY ENGAGES AND SEEMS TO PERFORM CORRECTLY, BUT AT ANY MOMENT IT MAY DISENGAGE FROM THE LATCH. I REPORTED THIS PROBLEM TO FIVE STAR FORD ON 7/24/01. THEY "TESTED" THE BELT LATCH AND REPORTED IT WAS OK. THEIR "TEST" IS DEFECTIVE. THE BELT CONTINUES TO BECOME UNLATCHED AT RANDOM TIMES. I RETURNED TO FIVE STAR FORD ON 8/21/01 AND COMPLAINED LOUDLY AND DEMANDED A REPLACEMENT LATCH. THEY INFORMED ME OF THE RECALL, AND TOLD ME THEY ARE ORDERING A REPLACEMENT. I CAN'T BELIEVE THEY DIDN'T REPLACE THE LATCH WHEN I FIRST REPORTED THE PROBLEM IN JULY! THEIR "TEST" DOES NOT DETECT THE RANDOM-BEHAVIOR FAILURES THAT OCCUR WITH THIS SEAT BELT. THIS SHOULD BE A TOTAL RECALL AND REPLACEMENT, WHETHER THEIR "TEST" DICTATES IT OR NOT! IT IS OVER 2 WEEKS LATER, AND STILL NO REPLACEMENT PART FOR ME, AND SEAT BELT IS STILL UNBUCKLING. *AK 1B04074. *PCO OWNER GIVES PERM. TO RELEASE INFO. *PCO

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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National Highway Traffic Safety Administration

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INTERNET: www.nhtsa.dot.gov/hotline

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Date Received: 14-SEP-2001
Repository:
Reference No.: 752198

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: KINGWOOD State: TX Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address:
Evening Telephone Number: [REDACTED]

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

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTRW07L5 [REDACTED]
Make: FORD Model: F150 Model Year: 2001
Date Purchased: 01-APR-01 Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: _____ Fuel Type: Gas
Transmission Type: _____
 Anti-lock Brakes
 Cruise Control
Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY
Multiple Failures: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 14-SEP-2001 Failure Mileage: _____ Failure Speed: 55

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: DOTM1SABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

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

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

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

I RECEIVED A RECALL LETTER INSTRUCTING ME TO GO TO THE NEAREST DEALER TO TEST THE BELT WITH A SPECIAL TOOL. I COMPLIED AND WAS TOLD THE BELTS PASSED. THE BELT CONTINUES TO RELEASE WHILE DRIVING. I HAVE CONTACTED 2 DEALERS AND FORD (DIRECTLY) TWICE. I SPOKE WITH TEM TODAY AND THEY SAY THEY HAVE NO RECORD OF MY CALLS OR E-MAILS. I HAVE DOCUMENTED THOSE CALLS. PLEASE HELP, THE SAFETY OF MY FAMILY IS A STAKE. *AK IED4074, *PCD

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

FOR AGENCY USE ONLY 111

Date Received

22-NOV-2002

Repository

Reference No.
B023187

OWNER INFORMATION (Type or Print)

Name

Address

City

FORT WORTH

State TX

Zip Code

Daytime Telephone Number

111-111-1111

Evening 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

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

MANUAL

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY

Multiple Failures:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

22-NOV-2002

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: 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

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).

PASSENGER SIDE SEAT BELT HAD A RECALL PERFORMED. SINCE THEN, THE SEAT BELT BUCKLE WILL UNLATCH WHEN BRAKES ARE APPLIED. THE BUCKLE WILL EITHER FAIL TO LATCH OR UNLATCH GIVING ERRATIC OPERATION. CUSTOMER SERVICE AT FORD WILL NO LONGER GIVE ANY ASSISTANCE. PLEASE DESCRIBE DETAILS TS 1604074.*PCO

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

15-JAN-2004

Repository

Reference No.
10051590

OWNER INFORMATION (Type or Print)

Name

Address

City

LEESBURG

State

FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date 1/1

VEHICLE INFORMATION

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

1FTYR14W0

Make

FORD

Model

RANGER

Model Year

2001

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

151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-DEC-2003

Failure Mileage

40000

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: DOTM3ABC036)

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 DRIVING, THE FRONT PASSENGER SEAT BELT UNLOCKED FROM THE BELT BUCKLE WITHOUT WARNING. THE CAUSE HAD NOT BEEN DETERMINED. THE VEHICLE WAS TAKEN TO THE DEALERSHIP, HOWEVER THEY WERE UNABLE TO RESOLVE THE PROBLEM. *JB RECALL#01V227001. *SC IED4074. *PCO PREVIOUS OWNER HAD TAKEN VEH IN FOR RECALL WORK AND REPLACED DSB ONLY. NOW PSB FAILED. OWNER GAVE PERM. TO RELEASE INFO. *PCO

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

09-MAR-2003

Repository

Reference No.
10010200

OWNER INFORMATION (Type or Print)

Name

Address

City

MASSAPEQUA

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date 3/1/03

VEHICLE INFORMATION

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

2FMZA5241

Make

FORD

Model

WINDSTAR

Model Year

2001

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

Vehicle Component Code

150000 SEAT BELTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

09-MAR-2003

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: 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

1

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).

I WAS IN A CAR ACCIDENT. AFTER I SLAMMED ON THE BRAKES, THE SEAT BELT POPPED OFF. I HIT THE STEERING WHEEL. THE PASSENGER AIR BAG DEPLOYED BUT THE DRIVER'S SIDE AIR BAG DID NOT DEPLOY. ALTHOUGH THE CAR WAS DRIVABLE, THE SEAT BELT REMAINED LOCKED AND UNUSABLE AFTER THE ACCIDENT. *NLM IE04074.*POC

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: 29-APR-2003
Repository:
Reference No.: 10016695

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: CLEMENTON State: NJ Zip Code: [REDACTED]
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

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

Signature of Owner _____

Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2FMZA57491 [REDACTED]
Make: FORD Model: WINDSTAR Model Year: 2001
Date Purchased: _____ Dealer's Name and Telephone Number: WINNER FORD 856-428-4000 399
Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: CHERRY HILL State: NJ Zip Code: 08034
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 151400 SEAT BELTS:FRONT;BUCKLE ASSEMBLY
Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 17-APR-2003 Failure Mileage: 23000 Failure Speed: 40

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).

FRONT PASSENGER SEAT BELT COMES UNDONE. THIS IS AN INTERMITTENT PROBLEM WITH THE SEAT BELT THAT WE HAVE BEEN HAVING AND NOTIFIED OUR FORD DEALER (WINNER FORD, CHERRY HILL, NJ) ABOUT ON OUR 25000 SERVICE. THE SERVICE REP TESTED THE SEAT BELT LATCH WITH A TESTER AND FOUND NO PROBLEMS. I WAS TOLD THEY WOULD NOT REPLACE THE SEAT BELT LATCH BECAUSE FORD WOULD CHARGE THEM FOR THE PART. HE SAID THEY WOULD CHECK IT AGAIN IF WE HAD ANY MORE PROBLEMS. WE CONTINUE TO HAVE PROBLEMS WITH THE BELT LATCH COMING UNDONE WHILE DRIVING. THERE IS NO AMOUNT OF TUGGING THAT WILL CAUSE IT TO FAIL, THE PROBLEM IS INTERMITTENT. WINNER FORD HAS NOT SENT OUT OUR SERVICE SHEET WITH THE SEAT BELT PROBLEM REPORTED ON IT. IT HAS BEEN SINCE 4/17/2003, AND THEN AGAIN SERVICING ON 4/24/2003 AND NO PAPERWORK FROM THE DEALER WITH THE PROBLEM REPORTED BY ME AND NO REMEDY FOR THIS POTENTIALLY DANGEROUS SAFETY PROBLEM. *JB IE04074.*PCO

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 100184

Date Received

Repository

30-JUL-2003

Reference No.
10031649

OWNER INFORMATION (Type or Print)

Name

Address

City

MYRTLE BEACH

State

SC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 7/1/03

VEHICLE INFORMATION

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

1FTYR10UB1

Make

FORD

Model

RANGER

Model Year

2001

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

Vehicle Component Code

140000 AIR BAGS

Cruise Control

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
08-JUL-2003

Failure Mileage

Failure Speed

45

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

1

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 STATES WHILE DRIVING AT 45-50 MPH AN EPILEPTIC SEIZURE OCCURRED WHICH CAUSED AN ACCIDENT. E DRIVER'S NOR THE PASSENGER'S AIRBAG DEPLOYED. AT THE TIME OF ACCIDENT SEAT BELT CAME UNHOOKED. SEAT BELTS WERE ON RECALL, AND THE PROBLEM WAS SUPPOSE TO HAVE BEEN FIXED BY THE DEALER. *AK DRIVER WAS IN A CRASH AND THE LATCH PLATE DETACHED FROM THE BUCKLE DURING THE EVEN. THE DRIVER DID NOT SUSTAIN SERIOUS INJURIES. RECALL FOR THE SEAT BELT WAS PERFORMED PRIOR TO THE CRASH. CW 1E04074.*PCO OWNER GIVES PERM. TO RELEASE INFO.*PCO

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
(1-888-927-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

07-NOV-2003

Repository

Reference No.
10045697

OWNER INFORMATION (Type or Print)

Name

Address

City

ALBUQUERQUE

State

NM

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date 1 / 1

VEHICLE INFORMATION

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

Make

FORD

Model

F150

Model Year

2001

Date Purchased
12-JUN-03

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

4 WHEEL DRIVE

Vehicle Component Code

151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY

Multiple Failure: 12

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

12-JUN-2003

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: DOTM4SABC036)

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).

THIS MAY BE A MOOT POINT BECAUSE THE TRUCK (2001 F-150 SUPERCREW XLT 4WD) I HAD OWNED (TRADED IT IN FOR A 2003 FORD SUPERCREW WHICH ALSO EXHIBITS VERY SIMILAR PROBLEMS) HAD SERIOUS PROBLEMS WITH THE STEERING IN ADDITION TO THE DRIVER SEATBELT BECOMING DISENGAGED WHILE DRIVING NORMALLY. I COULD NOT UNDERSTAND WHY THE SEATBELT WOULD DISENGAGE ALL BY ITSELF. I EVEN HAD WITNESSES TO THE FACT. I ASKED FOR THE SERVICE TO ADDRESS IT; HOWEVER, THEY COULD NOT DUPLICATE THE PROBLEM. THIS IS SERIOUS AS WHAT ARE SEATBELTS FOR IN THE FIRST PLACE. ALSO HAD SOME PROBLEMS WITH THE PAINT CRACKING OR SPIDERING. FORD REGIONAL PERSONNEL FROM DENVER WANTED TO REPAINT THE VEHICLE. HOWEVER, THEY COULD NOT DETERMINE HOW IT WOULD BE ACCOMPLISHED. THIS WENT ON FOR OVER 4 MONTHS. THAT IS ONE OF THE MAIN REASONS IN ADDITION TO THE STEERING PROBLEMS DESCRIBED PREVIOUSLY I HAD GET RID OF THE PROBLEM SUPERCREW I HAD PURCHASED. *LA 1804074.*PCO

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
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 100079

Date Received

29-SEP-2004

Repository Reference No.
10089982**OWNER INFORMATION (Type or Print)**

Name

Address

City

WATERFORD

State

NO

Zip Code

Daytime Telephone Number

Evening 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

1FTYR10C2

Make

FORD

Model

RANGER

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders 4

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

151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

30-AUG-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: 60TMA19ABC036)

 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).

CONSUMER HAD THE SAME PROBLEM AS MENTIONED IN NHTSA RECALL 01V227D01. PASSENGER AND SPORT UTILITY VEHICLES, PICKUP TRUCKS, AND MINIVANS. EQUIPPED WITH SEAT BELTS SUPPLIED BY TRW. IT IS POSSIBLE THAT THE DRIVER'S AND/OR FRONT PASSENGER'S OUTBOARD SEAT BELT BUCKLES MAY NOT FULLY LATCH. THIS RECALL FAILED. DEALERSHIP INDICATED TO CONSUMER THE RECALL WAS DONE, SORRY. *AK IE04074.*PCO

*TC OWNER GIVES PERM. TO RELEASE INFO.*PCO

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 1367

Date Received

16-MAR-2004

Repository

Reference No.
10063308

OWNER INFORMATION (Type or Print)

Name

Address

City

POMPANO BEACH

State

FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

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

1FTRX17W91

Make

FORD

Model

F150

Model Year

2001

Date Purchased
01-MAY-01

Dealer's Name and Telephone Number
SAWGRASS FORD 954-851-9000

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner

Dealer's City
SUN RISE

State
FL

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code

151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
16-AUG-2001

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: DOTN19ABC036)

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(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).

DEALERSHIP INSPECTED THE FRONT OUTBOARD SEAT BELTS AND INDICATED THAT THEY WERE FINE ALTHOUGH THE FRONT PASSENGER SIDE SEAT BELT WAS SHOWING SIGNS OF FAILURE AS STATED IN SEAT BELT BUCKLES RECALL 01V227001. THE DEALERSHIP WANTED TO CHARGE THE CONSUMER TO HAVE THE SEAT BELTS REPLACED. *AK *NM JED4074.*PCO

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 778

Date Received

13-AUG-2002

Repository

Reference No.

567102

OWNER INFORMATION (Type or Print)

Name

Address

City

BAY CITY

State

MI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1/

VEHICLE INFORMATION

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

Make

FORD

Model

RANGER

Model Year

2001

Date Purchased
10-JUL-01

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

151100 SEAT BELTS:FRONT:ANCHORAGE

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
13-AUG-2002

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: DOTM18A8C036)

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

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).

CONSUMER STATES VEHICLE EXPERIENCED PROBLEMS WITH THE SEAT BELTS. *SLC IED4074.*PCO

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

FOR AGENCY USE ONLY 778

Date Received

27-SEP-2002

Repository

Reference No.
567648

OWNER INFORMATION (Type or Print)

Name

Address

City

COTTAGE GROVE

State MN

Zip Code

Daytime Telephone Number
000 000 0000

Evening 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
2FMZA50481

Make
FORD

Model
WINDSTAR

Model Year
2001

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes
 Cruise Control

Powertrain
UNKNOWN

Vehicle Component Code
19000 TIRES

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
08-MAR-2002

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: 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

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

WHILE IN MOTION, VEHICLE SUFFERED A BLOWOUT. THE CONSUMER IS SEEKING REIMBURSEMENT FOR CHARGES INCURRED FOR THE BLOWN TIRE. *JG THE CONSUMER FOUND THAT THE SEAT BELT BUCKLE INOPERATIVE. (RECALL#03V227001) THE TIRE HAD LESS THAN ONE THOUSAND MILES WHEN THE INCIDENT OCCURRED. *SCC IE04074.*PCD

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

FOR AGENCY USE ONLY 258

Date Received

22-NOV-2002

Repository

Reference No.
770005

OWNER INFORMATION (Type or Print)

Name

Address

City

FT. WORTH

State TX

Zip Code

Daytime Telephone Number

Evening 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

1FTZF1724

Make

FORD

Model

F150

Model Year

2001

Date Purchased
01-MAR-01

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

102000 POWER TRAIN:MANUAL TRANSMISSION

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-NOV-2002

Failure Mileage

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTNALSABC036)

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

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).

VEHICLE IS NOT SAFE WITHOUT SEATBELTS WORKING PROPERLY 100%. DT IED4074, *PCO

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

FOR AGENCY USE ONLY 238

Date Received

03-FEB-2003

Repository

Reference No.
10003711

OWNER INFORMATION (Type or Print)

Name

Address

City

INVERNESS

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date / /

VEHICLE INFORMATION

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

1FTRX1BWD

Make

FORD

Model

F150

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

NECK NICHOLAS FORD

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

INVERNESS

State

FL

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

28-MAY-2002

Failure Mileage

Failure Speed

40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TYRE 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

1

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 INVOLVED IN A HEAD ON COLLISION WHERE THE AIRBAGS AND SEAT BELT FAILED. *TT JED4074.*PCD

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 100134

Date Received

04-APR-2003

Repository

Reference No.
10011746

OWNER INFORMATION (Type or Print)

Name

Address

City

CAPE CHARLES

State VA

Zip Code 23310

Daytime Telephone Number

Evening 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

2FMZA5042

Make

POIRD

Model

WINDSTAR

Model Year

2001

Date Purchased
01-MAY-01

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

Vehicle Component Code
110000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
04-APR-2003

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: 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

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).

AN ELECTRICAL CONNECTOR SEAL HAD TO BE INSTALLED, THE SEAT BUCKLES AND REAR WIPER MOTOR COVER WERE REPLACED, THE ABS FAILED, AND RIGHT BEFORE THE ENGINE SHUT DOWN ALL THE LIGHTS ON THE DASH BOARD ILLUMINATED, AFTER THE VEHICLE WAS REPAIRED THE INTAKE MANIFOLD, SPEED SENSOR AND BRAKE SENSOR FAILED. *PH *JB IE04074.*PCO

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

13-MAY-2004

Repository

Reference No.
10072573

OWNER INFORMATION (Type or Print)

Name

Address

City

CEDAR PARK

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date 5/13/04

VEHICLE INFORMATION

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

Make

FORD

Model

F150

Model Year

2001

Date Purchased

05-MAY-01

Dealer's Name and Telephone Number

COVERT FORD

Engine:

No. Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

AUSTIN

State

TX

Zip Code

78759

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

14-APR-2004

Failure Mileage

Failure Speed

35

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(es).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

1

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

MY HUSBAND WAS DRIVING OUR 2001 FORD F150 SUPERCREW LARIAT ON 4/14/04. HE WAS STRUCK FROM BEHIND BY A DODGE NEON GOING APPROXIMATELY 70 MPH. MY HUSBAND WAS GOING 35 MPH. THE SAFETY BELT DID NOT LATCH NOR DID THE AIRBAG DEPLOY, RESULTING IN MY HUSBANDS BEING THROWN FORWARD AND HITTING HIS HEAD AT GREAT FORCE ON THE WINDSHIELD. THE FORCE OF THE CRASH TOTALLED MY TRUCK, CRACKING AND BENDING THE FRAME. HAD EITHER SAFETY FEATURE WORKED, MY HUSBAND WOULD NOT BE INJURED TODAY. FOUR WEEKS LATER HE SUFFERS FROM SHORT TERM MEMORY LOSS, EXTREME ANGER AND MOOD SWINGS AND HAS SOFT TISSUE DAMAGE TO HIS NECK AND VERTEBRAE. I HAVE CONTACTED FORD AND AM WAITING FOR A RESPONSE. *AK IE04074.*PC0

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

FOR AGENCY USE ONLY 100092

Date Received

20-AUG-2004

Repository

Reference No.
10089720

OWNER INFORMATION (Type or Print)

Name

Address

City

LAKEMOOR

State

IL

Zip Code

Daytime Telephone Number

Evening 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

1FTYR14UXJ

Make

FORD

Model

RANGER

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

150000 SEAT BELTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

07-APR-2003

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: 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

1

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 INVOLVED IN AN ACCIDENT AND HIS SEATBELT EQUIPMENT DID NOT HOLD AND HIS AIR BAGS DID NOT DEPLOY. *MR. THE CONSUMERS SKIDDED ACROSS THE ROAD AND STRUCK ANOTHER VEHICLE HEAD ON. (MODEL/ALT) *SC *JB IE04074.*PCD

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

FOR AGENCY USE ONLY 100145

Date Received

11-MAR-2004

Repository

Reference No.
10062997

OWNER INFORMATION (Type or Print)

Name

Address

City

TUCSON

State AZ

Zip Code

Daytime Telephone Number

Evening 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

2001

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

151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY

Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-DEC-2003

Failure Mileage

55000

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

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

DRIVER SIDE SEAT BELT UNLATCHED. *AK I204074. *PCD

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

FOR AGENCY USE ONLY 100148

Date Received

28-FEB-2004

Repository

Reference No.
10060003

OWNER INFORMATION (Type or Print)

Name

Address

City

WINTER HAVEN

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date

1/1

VEHICLE INFORMATION

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

1FTRX18L31NB18507

Make

FORD

Model

F150

Model Year

2001

Date Purchased
14-FEB-04

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
4 WHEEL DRIVE

Vehicle Component Code
151000 SEAT BELTS:FRONT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
23-FEB-2004

Failure Mileage

Failure Speed
40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (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:

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).

FRONT PASSENGERS SIDE OUTBOARD SEAT BELT WILL NOT FULLY LATCH. *AK IE04074.*PCO

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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