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 100145

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Repository ☐

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OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City TOLEDO | State OH | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

Do you authorize [redacted] to release your name and address to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of [redacted] release your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date / /

VEHICLE INFORMATION

[redacted]

Make	Model	Model Year
FORD	F350	2000

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
10/99	Gantz Lakeland Ford	419-246-9592	No: Cylinders 8	Diesel
Original Owner ☑	Dealer's City Bowling Green	State Ohio / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☑ Antilock Brakes ☑ Cruise Control	Automatic	106000 POWER TRAIN:AXLE ASSEMBLY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
26-MAR-2003	90,000	40MPH	Rear Leaf Spring - left - Cracked (3)

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: DOTMALBABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

THE REAR AXLE FAILED. There was No Accident, But if Someone was Behind the Vehicle. They would Have Had A Spring in the Windshield. 2 of the 3 were Not Found. the One That was Seen Really Blew up. The Spring Repair Shop Said it is Very Common occurance

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 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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).