



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 231

2003 AUG 5 PM 7:15  
09-JUL-2003  
Repository   
Reference No.  
10026896

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: ROCHESTER HILLS State: MI 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 authorized signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 7/23/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 3FCMF53S2YJA01025  
Make: FORD Model: TRANSIT Model Year: 2000  
Date Purchased: 4-30-00 Dealer's Name and Telephone Number: RAY LEWIS 800.344.2344  
Engine: No. Cylinders: [Redacted]  
Original Owner:  Dealer's City: DAYTON State: OH Zip Code: 45420  
Transmission Type:  Antilock Brakes  Cruise Control Powertrain: [Redacted]  
Vehicle Component Code: 200000 WHEELS  
Multiple Failure: 1

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

Incident Date(s): 7-5-03 Failure Mileage: 11,000 Failure Speed: 55  
FORD CHASSIS 6.8L TRITWU-10 IN PLEASANTWOOD STRASSER MOTOR HOME

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM1A9ABC036): [Redacted]  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

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

**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: [Redacted] Number of Deaths: [Redacted] 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 WHILE TRAVELING FRONT RIGHT WHEEL FELL OFF. \*AK

On 7-5-03 after driving approximately 20 minutes the right wheel popped, squealed, & pulled to right extremely strong. Husband was unable to control vehicle with difficulty, dumped to mechanic in Alpena, MI. Two different mechanics & shops stated that the problem was that the wheels were not properly greased at factory.  
Please see Attached Repair Order. Kevin: 989-350-2368

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 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).**