



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 100181

Date Received: 2003 NOV 5 PM 12
30-SEP-2003
Repository
Reference No. 10041857

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: HASTINGS 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?
In the absence of an authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 11/1/03 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FTSW31F23E [Redacted]
Make: FORD Model: F350 Model Year: 2003
Date Purchased: 3-26-03 Dealer's Name and Telephone Number: Wayland Ford
Original Owner: Dealer's City: Wayland State: MI Zip Code: [Redacted]
Engine: No: 8 Cylinders Fuel Type: DIESEL
Transmission Type: Automatic Manual Powertrain: [Redacted]
 Anti-lock Brakes Cruise Control
Vehicle Component Code: 141000 AIR BAGS:FRONTAL
Multiple Failures: [Redacted]

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-SEP-2003
Failure Mileage: 6000
Failure Speed: 50

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/85R15): [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: 2 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).

CONSUMERS VEHICLE WAS INVOLVED IN FRONT END COLLISION WHILE DRIVING 50 MPH. UPON IMPACT, FRONT AIR BAGS DID NOT DEPLOY. PASSENGERS IN THE REAR SEATS SUSTAINED MINOR INJURIES. THERE WAS NO INDICATION THAT THERE WAS A PROBLEM WITH THE AIR BAGS PRIOR TO THE COLLISION. *AK

I'm including the letter we send to Ford Motor Co. and Wayland Ford. The truck was a total loss. It shows on the police report that the reason in the front seat air bag deployed, but with the question you can see it didn't.

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.

STATE OF MICHIGAN
Traffic Crash Report

Incident # **53458-03**
File Claim
Incident Disposition: Open Closed Pending

CR: MI-4114100
Crash Date: Month 01, Day 14, Year 00
Crash Time: Hour 06, Minute 40

Department Name: **WEST COUNTY SHERIFF DEPT**
No. of Lanes: 1
Crash Type: Single Motor Vehicle
Special Circumstances: None
Weather: Clear
Light: Daylight
Special Checks: Fatal Report (M) Curved Copy Release (Write Report) Detail (Write Report) Non-Fatal Area CIV. Causeable

Traffic Control: Signal Stop Sign Yield Sign None of These
Construction Zone: Type: Lane Closed: Yes No
Activity: On Road Off Road Flow
Location of First Impact: On Road Median Shoulder Outside of Shoulder/Curb Groe Other/Unknown
Road Name: **ALDEN WASH AVE**
Distance: **10** FT
Intersecting Road: **FIFTY SEVEN ST**

Driver Information:
Date of Birth: [Redacted]
License Type: D C F M R
Sex: M F
Injury: None Trapped Yes No
Abbing Deployed: Yes No
Total Occup: **531627**

Vehicle Information:
Vehicle Registration: **4S3B16105217**
Vehicle Description: **99 SUBARU 3LR**
Vehicle Direction: North East South West
Special Vehicle: PA VA PU ST GY MO GC SM OR Other Truck/Bus

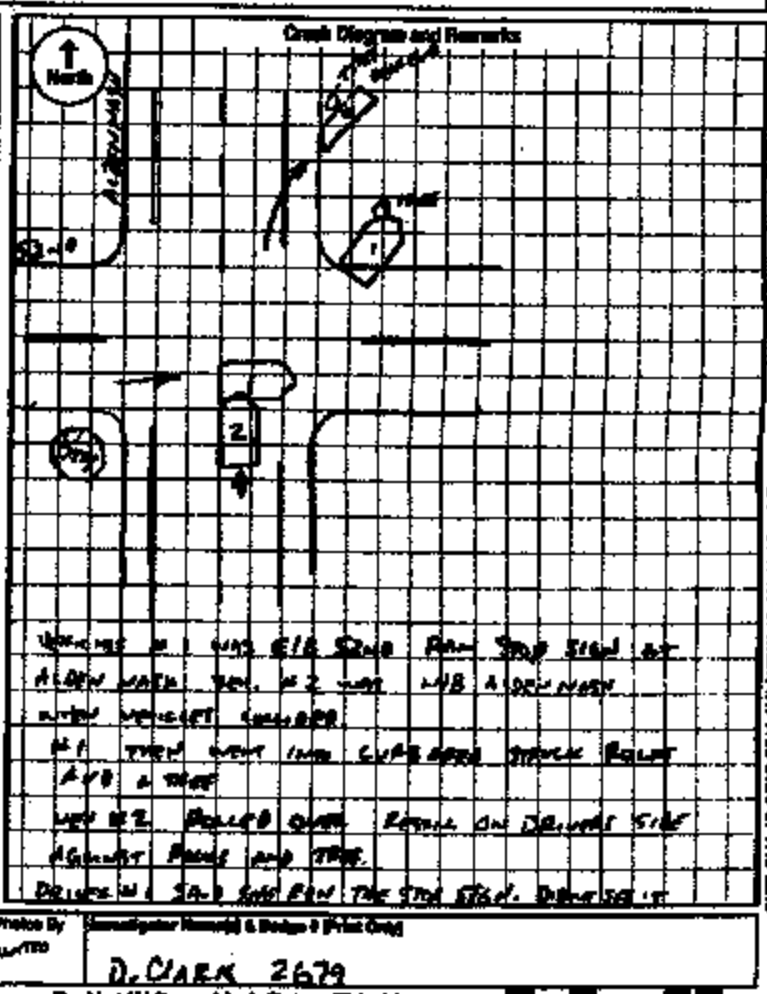
Witness Information:
First Name: [Redacted] Middle: [Redacted] Last: [Redacted]
Street Address: [Redacted] Phone Number: [Redacted]
City: [Redacted] State: [Redacted] Zip: [Redacted]
Date of Birth: [Redacted]
Sex: M F Other
Injury: None Trapped Yes No
Abbing Deployed: Yes No Not Equipped

Other Information:
Date: [Redacted] Time: [Redacted]
Damaged Property: **12019 57th St TRAILER**
Public: Y N
Owner Name: **GARBUTT GRAYNA**
Address: **12019 57th St**
City: **LORETT MI 49331**
Phone: **NU 77**

Unit Number	Unit Name	Unit Type	City	State	Zip	Month	Day	Year	License type	Sex	Age
1		MV	HAYMAS	MI					B	M	
2									C	F	
3									D	M	
4									E	F	
5									F	M	
6									G	F	
7									H	M	
8									I	F	
9									J	M	
10									K	F	
11									L	M	
12									M	F	
13									N	M	
14									O	F	
15									P	M	
16									Q	F	
17									R	M	
18									S	F	
19									T	M	
20									U	F	
21									V	M	
22									W	F	
23									X	M	
24									Y	F	
25									Z	M	
26									AA	F	
27									AB	M	
28									AC	F	
29									AD	M	
30									AE	F	
31									AF	M	
32									AG	F	
33									AH	M	
34									AI	F	
35									AJ	M	
36									AK	F	
37									AL	M	
38									AM	F	
39									AN	M	
40									AO	F	
41									AP	M	
42									AQ	F	
43									AR	M	
44									AS	F	
45									AT	M	
46									AU	F	
47									AV	M	
48									AW	F	
49									AX	M	
50									AY	F	
51									AZ	M	
52									BA	F	
53									BB	M	
54									BC	F	
55									BD	M	
56									BE	F	
57									BF	M	
58									BG	F	
59									BH	M	
60									BI	F	
61									BJ	M	
62									BK	F	
63									BL	M	
64									BM	F	
65									BN	M	
66									BO	F	
67									BP	M	
68									BQ	F	
69									BR	M	
70									BS	F	
71									BT	M	
72									BU	F	
73									BV	M	
74									BW	F	
75									BX	M	
76									BY	F	
77									BZ	M	
78									CA	F	
79									CB	M	
80									CC	F	
81									CD	M	
82									CE	F	
83									CF	M	
84									CG	F	
85									CH	M	
86									CI	F	
87									CJ	M	
88									CK	F	
89									CL	M	
90									CM	F	
91									CN	M	
92									CO	F	
93									CP	M	
94									CQ	F	
95									CR	M	
96									CS	F	
97									CT	M	
98									CU	F	
99									CV	M	
100									CW	F	

Unit Reported on Front					Unit Reported Above				
Action Prior	First	Second	Third	Fourth	Action Prior	First	Second	Third	Fourth
1	2	3	4	5	1	2	3	4	5
6	7	8	9	10	6	7	8	9	10
11	12	13	14	15	11	12	13	14	15
16	17	18	19	20	16	17	18	19	20
21	22	23	24	25	21	22	23	24	25
26	27	28	29	30	26	27	28	29	30
31	32	33	34	35	31	32	33	34	35
36	37	38	39	40	36	37	38	39	40
41	42	43	44	45	41	42	43	44	45
46	47	48	49	50	46	47	48	49	50
51	52	53	54	55	51	52	53	54	55
56	57	58	59	60	56	57	58	59	60
61	62	63	64	65	61	62	63	64	65
66	67	68	69	70	66	67	68	69	70
71	72	73	74	75	71	72	73	74	75
76	77	78	79	80	76	77	78	79	80
81	82	83	84	85	81	82	83	84	85
86	87	88	89	90	86	87	88	89	90
91	92	93	94	95	91	92	93	94	95
96	97	98	99	100	96	97	98	99	100

Unit No.	Carrier Name	Address	City	State	Zip
4236593					
Carrier Source	Driver's COI Type	DOB	Vehicle Type	Plate	Class
Papers Log Book Vehicle Driver	A H B N C P T X Medical Card Y N	08 28 28 36 36	AA AH AN AP AT AX AY AZ AL Other	BD BH BN BP BX CF CP CX	Y N Y N
Investigate at Scene	Reported Date/Time	Photos By	Investigator (Name) & Badge #	Print Card	
9-1-03	642AM	WTRD	D. CLARK 2679		



Traffic Crash Report

53458-03

File Case

Incident Disposition

Open Closed

Reviewer

Signature

Crash Date

Crash Time

Grid for date and time input (Month, Day, Year, Hour, Minute)

Department Name

KENT COUNTY SHERIFF DEPT

No. of Units (1-8)

Crash Type (Single Motor Vehicle, Head On, Head On-Left Turn, Angle, Rear End, Rear End-Left Turn, Rear End-Right Turn, Sideways-Same, Sideways-Opposite, Other/Unknown)

Special Circumstances (None, School Bus, Hit and Run, Fleeing Police, Local, State)

Weather (Mark Only One) (Clear, Cloudy, Fog/Smoke, Rain, Snow/Sleeting Snow, Svere Wind, Sleet/Hail, Other/Unknown)

Light (Mark Only One) (Daylight, Dawn, Dusk, Dark-Light, Dark-Unlighted, Other/Unknown)

Special Checks (Fatal Report, Corrected Copy, Reprint, Police Report, Date, Police Report, Non-Traffic Acc, CRU, Snowmobile)

County

City/Town

Traffic Control (Signal, Stop Sign, Yield Sign, None of These)

Construction Zone (Mark One From Each Group) (Type, Lane Closed, Const./Night, Utility, Yes/No/No)

Activity (On Road, Off Road, None)

Relation to Roadway (Location of First Impact) (On Road, Median, Shoulder, Outside of Shoulder/Curb, Gap, Other/Unknown)

Area (Dry, Wet, Icy, Snowy, Muddy, Sticky, Debris, Other/Unknown)

Road Condition (Mark Only One) (Dry, Wet, Icy, Snowy, Muddy, Sticky, Debris, Other/Unknown)

Total Lanes (0-9)

Speed Limit (0-100)

Road Name

ALDEN WASH AV SE

Distance

70

Intersecting Road

FIFTY SEVEN ST SE

Driver Information (Name, Address, City, State, Zip, Driver License Number, Sex, Height, Weight, Hair, Eyes, Complexion, Blood Type, Driver Condition, Alcohol, Drugs, Vehicle Registration)

Vehicle Information (Year, Make, Model, Vehicle Type, Vehicle Description, Vehicle License, Vehicle Color, Vehicle Defect, Private Label Type)

Injury Information (Injury, Specified, Trapped, Citation Issued, Hazardous, Other, Airing Deployed, Not Equipped)

Witness Information (Name, Address, City, State, Zip, Date of Birth, Sex, Specified, Trapped, Injury, Airing Deployed, Not Equipped)

Location of Greatest Damage (Front Impact, Extent of Vehicle Damage, Damage, Vehicle Type, Vehicle License, Vehicle Color, Vehicle Defect, Private Label Type)

Witness Information (Name, Address, City, State, Zip, Date of Birth, Sex, Specified, Trapped, Injury, Airing Deployed, Not Equipped)

Witness Information (Name, Address, City, State, Zip, Date of Birth, Sex, Specified, Trapped, Injury, Airing Deployed, Not Equipped)

Property Information (Type, Make, Model, Damaged Property, Party, Date & Time)

Report Identification (Do Not Write or Mark in This Area, LD-10 SERIAL NUMBER 4236594, Report/Case Number 4236593)

Do Not Write or Mark on This Side of This Line

53458-03

KENT COUNTY SHERIFF DEPARTMENT

Original Date
9-1-03

Complaint No.
5328-03

ADDITIONAL COMPLAINT PAGE NO. 1

Date of Subsequent Report

Page No.

[REDACTED]
Drove Driver with 1 eye was right eye closed in front

[REDACTED]
Drove Driver with 1 eye was right eye closed in front
to get carried out

[REDACTED]
Drove Rear Seat Passenger and stopped in vehicle
to get help then to emergency by driver and

[REDACTED]
Drove Rear Seat Passenger, hand held gun and
dove to a lot then to emergency by concert and

[REDACTED]
Drove Front Seat Passenger, hand held gun
to emergency to get carried out

Reporting Officer

J. CARP

Signature

Dear Ford Motor Company,

We have a 2003 F350 Ford Truck, we were in an accident with the truck on 9-1-03 and the airbags did not deploy. In our opinion this is a huge safety issue, as this accident was severe enough to total out the truck and the car that we hit. We think this should be brought to your attention, and after talking to our insurance adjustor Mr. [REDACTED] from State Farm Insurance Company who thought this would be a good truck to investigate as to why the airbags did not deploy with the amount of damage that had occurred.

To let you understand the events that took place on the morning of 9-1-03, we were traveling north on a two lane road at approximately fifty mph when a car ran a stop sign as it was heading east on a two lane road, we hit this car in the passenger side behind the back door, and our truck slid sideways down the road until it started off the road, where the front drivers side wheel dug into the shoulder of the road and the truck rolled up and over onto the top of the cab, then slid backwards up on a rock berm and rolled off onto the drivers side coming to rest between the tree and up on the rocks.

We would like Ford Motor Company to please consider checking this vehicle as to why the airbags did not deploy or your explanation if they worked the way they should have. When I talked to customer service on 9-17-03 they said there was not a recall on this vehicle, we would like to know how vehicles get recalled if you don't check these types of accidents out. This is not the only Ford truck we have heard of with front end collision damage were the airbags did not deploy.

We have been loyal Ford Truck people for 40 years, this is the first one with airbags and the first one we have been in a bad accident with and the airbags did not deploy. We were very fortunate that our front seat passengers didn't get hurt, but that's not to say that next time someone could get seriously hurt or killed. We do like your trucks, and think it would be great if you would stand behind the Quality is Job One statement.

Thank You,

[REDACTED]
[REDACTED]
[REDACTED]
Hastings, MI [REDACTED]
[REDACTED]