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

Date Received: 2004 MAR 17 AM 11:07 / 17-FEB-2004

Repository ☐

Reference No. 10059183

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City OREGON CITY State OR Zip Code [redacted]

Daytime Telephone Number [redacted]
E-mail Address Ø

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☒ NO
In the absence of an [redacted] ur name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 3/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number	Make	Model	Model Year
ZFTRX18L01C [redacted]	FORD	F150	2001

Date Purchased	Dealer's Name and Telephone Number	Engine / No. Cylinders	Fuel Type
11/01	THOMASON FORD 503 655-3355	350 / 8	GAS

Original Owner ☑ | Dealer's City GLADSTONE | State OR | Zip Code 97027

Transmission Type: AUTO | ☑ Antilock Brakes ☑ Cruise Control | Powertrain

Vehicle Component Code: 140000 AIR BAGS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~15-NOV-2003~~ 4/15/03	23000	~~60~~	Stopped in Traffic not moving

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: DOTMAL9ABC036) | ☐ 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	2	0	Y

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

~~WHILE DRIVING 60 MPH CONSUMER'S VEHICLE WAS INVOLVED IN A REAR END COLLISION, PUSHING IT INTO ANOTHER VEHICLE HEAD ON, UPON IMPACT~~, DUAL AIR BAGS DID NOT DEPLOY. NO INJURIES REPORTED. *AK

I was stopped in Traffic on Fwy. Rear ended at APPROX 45-50 miles Per Hour push into vehicle in Front of me also stopped in Traffic. My Truck was a Total Lose I was taken to Hospital injured in ACCIDENT- Air BAGS DID NOT Deploy also

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

I was wearing my SEAT Belt.

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

STOPPED IN TRAFFIC ON I 5 FWY IN LANE TO GO ON EAST BOUND I 84. I WAS STRUCK FROM THE REAR BY DODGE TRUCK, PUSHED INTO CHEVY TRUCK AHEAD OF ME WHO WAS ALSO STOPPED IN TRAFFIC. MY TRUCK WAS A TOTAL LOSE I WAS INJURED AND TAKEN TO HOSPITAL. TRUCK I HIT WAS DAMAGED DRIVER WAS ALSO INJURED. TRUCK THAT CAUSED THE ACCIDENT WAS A TOTAL LOSE NOT SURE IF DRIVER WAS INJURED. MY AIR BAG DID NOT DEPLOY. I'VE TALKED TO FORD CUSTOMER RELATIONS ABOUT THE ACCIDENT (3) CASE NO RESPONSE 2 NO CAR COMPANY REP VERY COMBATIVE FORD SUPPOSED TO GET BACK TO ME STILL WAITING WILL BE TALKING ATTORNEY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 72173 WASHINGTON, D.C.

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

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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

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

PORTLAND POLICE BUREAU

TRAFFIC CRASH EXCHANGE [redacted]

CASE NO. | REFER CASE NO. | CLASS [redacted]

This is not a police investigation. Please read the information on the back of t

CRASH DATE/TIME: 4-15-03 / 1533
LOCATION OF CRASH: SB I5 / OFF TO EXIT 301

UNIT # 1 | NAME [redacted] | CRN | SEX M | RACE W
TO - DRV (circled) | ADDRESS [redacted] VANCOUVER WA [redacted] | OPERATOR LICENSE NO. SCHAVE
PD - PED / BK - BIKE / OW - PARK / OW - PROP
VEHICLE OWNER: X SAME | PHONE: HM BU CL
INSURANCE COMPANY (NOT AGENT): ☐ NONE FARMERS OF WA | INSURANCE POLICY NUMBER [redacted]
LICENSE NO. [redacted] | STATE WA | LIC YR | TYPE | VIN 1B7GL22X01S23 [redacted] | MAKE DO
MODEL TRUCK | STYLE P/U | COLOR BLUE | PROPERTY DAMAGED (HOUSE, FENCE, SIGN, ETC) FRONT END | SEREGH

UNIT # 2 | NAME [redacted] | CRN | SEX M | RACE W
TO - DRV (circled) | ADDRESS [redacted] OREGON CITY [redacted] D1017 | OPERATOR LICENSE NO. [redacted]
PD - PED / BK - BIKE / OW - PARK / OW - PROP
VEHICLE OWNER: X SAME | PHONE: HM BU CL
INSURANCE COMPANY (NOT AGENT): ☐ NONE | [redacted]
LICENSE NO. [redacted] | STATE | LIC YR | TYPE | VIN 2FTRX18101C [redacted] | VEH YR 01 | MAKE FO
MODEL F150 | STYLE P/U | COLOR BLACK | PROPERTY DAMAGED (HOUSE, FENCE, SIGN, ETC) FRONT END / REAR END | SEREGAN

UNIT # 3 | NAME [redacted] | CRN | SEX M | RACE W
TO - DRV (circled) | ADDRESS [redacted] SANDY OR [redacted] | OPERATOR LICENSE NO. [redacted]
PD - PED / BK - BIKE / OW - PARK / OW - PROP
VEHICLE OWNER: X SAME | PHONE: HM BU CL
INSURANCE COMPANY (NOT AGENT): ☐ NONE MD CASUALTY CO | INSURANCE POLICY NUMBER [redacted]
LICENSE NO. [redacted] | STATE OR | LIC YR | TYPE | VIN 1GCEK19T3K [redacted] | VEH YR 01 | MAKE CHE
MODEL TRUCK | STYLE P/U | COLOR BEIGE | PROPERTY DAMAGED (HOUSE, FENCE, SIGN, ETC) REAR END

UNIT # 3 | ☒ PASSENGER NAME ☐ WITNESS NAME [redacted] | SEX M | RACE W
ADDRESS [redacted] SANDY OR [redacted] | PHONE: HM BU CL

UNIT # | ☐ PASSENGER NAME ☐ WITNESS NAME | SEX | RACE
ADDRESS | PHONE: HM BU CL

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ADDRESS | PHONE: HM BU CL

ACTION TAKEN: ☐ NON-MOVING VIO. CITATION ISSUED ☐ DEPT. TOW (ATTACH NEMI REPORT) | LIST CITE NO./CHARGE/UNIT NO.

ASSISTING OFFICER: B. ATKINSON | DPSST 37840 | PRECINCT NE | RLF/SHIFT A | ASSIGNMENT 695 | SUPERVISOR'S SIG

Left margin: CASE NO. | CHP / DB: ☐ TRAFFIC ☐ CENTRAL ☐ EAST ☐ SE ☐ NO ☐ NE ☐ FINK ☐ STAN YD ☐ ODOT ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | COMPUTER ENTRY: ☐ PERSON | ☐ VEHICLE | ☐ | ☐ BOOK | OPR

National Documents Center
PO Box 268994
Oklahoma City OK 73126-8994

FARMERS

Dear customer:

Your vehicle has been determined to likely be a total loss. In order to settle your claim, we will be purchasing the vehicle from you.

The documents necessary to transfer ownership and instructions for completing the documents are enclosed. You will need to return the completed documents with your signed vehicle title and vehicle keys in the postage paid envelope provided. Please take the time to review these instructions to ensure the proper documents are obtained and the required signatures are correct. Timely processing these critical documents is expected (usually within 24 hours). Efficient return of completed documents will speed up your claim process in concluding your total loss claim.

- If you currently have a lien against your vehicle, you need to contact your mortgage company with the payoff check as provided by your Claims Representative in order to obtain your lien free title.

- If you have a leased vehicle you will receive specific instruction from your Claims Representative explaining what documents require your signature.

- Once you receive your lien free title, sign the title as "seller" and sign the "Power of Attorney" as the seller with the exact name or names as listed on your title. These have to be signed exactly the same. The Power of Attorney can be found in your packet. The Power of Attorney form needs only to be signed on lines 5 as marked.

- Once you have completed all the proper signatures on both the title and Power of Attorney, return this complete packet, along with the vehicle keys, to the address furnished by your Claims Representative. When it is determined that all documents are correct your remaining equity, if applicable, will be paid.

You will find postage paid Mail Envelopes included in your packet. These should be used for mailing completed packet back to the address furnished by your Claims Representative.

Please double-check the documents for proper completion and mailing.

As always, please call me with any questions at _____.

Sincerely,

Total Loss Expediter

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.