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 100070

Date Received	Repository ☐
20-AUG-2004	2004 OCT 15 AM 10:06 Reference No. 10088343

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City SAN ANTONIO | State TX | Zip Code [redacted]
Daytime Telephone Number [redacted] | Evening Telephone Number [redacted] | E-mail Address [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 [redacted] Date 8/9/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTZX172XLN[redacted]	FORD	F150	2001

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
	210-625-9800 Northside Ford (San Antonio, TX.)	No. Cylinders 8	Gas

Original Owner	Dealer's City	State	Zip Code
☒	SAN ANTONIO	TX	78216

Transmission Type		Powertrain	Vehicle Component Code
MANUAL	☒ Antilock Brakes ☒ Cruise Control No cruise cntl	REAR WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-APR-2001	? Not Recorded	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: 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	1	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 38 MPH CONSUMER APPLIED THE BRAKES AND BRAKE FAILED. AS RESULT, CONSUMER'S VEHICLE REAR ENDED A WINDSTAR. BRAKE ASSEMBLY UPON IMPACT, AIR BAG FAILED TO DEPLOY. DEALERSHIP WAS NOTIFIED. AK Dealership accomplished Repairs under Galant. The Galant was pushed into a windstar. Warranty.

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

1 of 2 — 10

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (REV. 1/1/90) — MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0001

PLACE WHERE ACCIDENT OCCURRED

COUNTY: BEXAR — CITY OR TOWN: SAN ANTONIO

LOC. [redacted]

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN: ____ MILES NORTH S E W OF ____

ROAD ON WHICH ACCIDENT OCCURRED: 500 SW LOOP 410 NB FR — CONSTR. ZONE: NO — SPEED LIMIT: 45

INTERSECTING STREET OR RD X'ING NUMBER: ____ — CONSTR. ZONE ☐ YES ☐ NO — SPEED LIMIT ____

NOT AT INTERSECTION: 307 FT. OF NW4 151 EB

DO NOT WRITE IN THIS SPACE — RECEIVED JUL 03 2001

DATE OF ACCIDENT: April 17 2001 — DAY OF WEEK: Tuesday — HOUR: 505 P.M.

UNIT NO. 1 - MOTOR VEHICLE

VEH IDENT NO: 2FMZA514YB [redacted] — IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY: 7

YEAR MODEL: 00 — COLOR & MAKE: Green Ford — MODEL NAME: Windstar — BODY STYLE: VAN — LICENSE PLATE: [redacted]

DRIVER'S NAME: [redacted] — PHONE NUMBER: [redacted]

DRIVER'S LICENSE: TX 07916607 C — DOB: 8-09-54 — RACE: W — SEX: M — OCCUPATION: Minister

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED: 4 — ALCOHOL/DRUG ANALYSIS RESULT: NA — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO

LESSEE ☐ OWNER ☒: same

LIABILITY INSURANCE ☒ YES ☐ NO: State Farm — POLICY NUMBER: 1994056 09 53D — VEHICLE DAMAGE RATING: RD-1

UNIT NO. 2 — MOTOR VEHICLE ☒ TRAIN ☐ PEDALCYCLIST ☐ TOWED ☐ PEDESTRIAN ☐ OTHER ☐

VEH IDENT NO: 4A3AJ56G0VE [redacted] — IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____

YEAR MODEL: 97 — COLOR & MAKE: Green Mits — MODEL NAME: Galant — BODY STYLE: 4dr — LICENSE PLATE: [redacted]

DRIVER'S NAME: [redacted] — PHONE NUMBER: [redacted]

DRIVER'S LICENSE: TX 10674561 C — DOB: 072465 — RACE: W — SEX: M — OCCUPATION: Teacher

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS): 4 — ALCOHOL/DRUG ANALYSIS RESULT: NA — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO

LESSEE ☐ OWNER ☒: [redacted] [redacted]

LIABILITY INSURANCE ☒ YES ☐ NO: Mid Century — POLICY NUMBER: 079705476 — VEHICLE DAMAGE RATING: FD-3 / RD-3

DAMAGE TO PROPERTY OTHER THAN VEHICLES: none — $ 0

LIGHT CONDITION: 1 — WEATHER: 1 — SURFACE CONDITION: 1 — TYPE ROAD SURFACE: 1

DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION): ____

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED

NAME ____ CHARGE ____ CITATION NUMBER ____

NAME ____ CHARGE ____ CITATION NUMBER ____

TIME NOTIFIED OF ACCIDENT: 4-17-01 506 p.m. — HOW: Dispatched — TIME ARRIVED AT SCENE OF ACCIDENT: 4-17-01 514 p.m.

TYPED OR PRINTED NAME OF INVESTIGATOR: Gary Bauer — DATE REPORT MADE: 4-17-01 — IS REPORT COMPLETE ☒ YES ☐ NO

SIGNATURE OF INVESTIGATOR: Gary Bauer — ID NO.: 1044 — DEPARTMENT: San Antonio PD — DIST./AREA: 5340

2 of 2

TEXAS PEACE OFFICER'S ACCIDENT REPORT CR3 (REV. 1/1/96) MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0001

PLACE WHERE ACCIDENT OCCURRED
COUNTY BEXAR CITY OR TOWN SAN ANTONIO
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN ____ MILES ☐ NORTH ☐ E ☐ W ☐ OF ____

LOC. NO. 01-244269

DO NOT WRITE IN THIS SPACE
LOC. ____ CODE ____ SEVERITY ____ FAT. INC. ____ MA. INC. ____ UPS NO. ____

ROAD ON WHICH ACCIDENT OCCURRED 500 SW Loop 410 NB FR CONSTR. ☐ YES ZONE ☒ NO SPEED LIMIT 45
INTERSECTING STREET OR DRIVE NUMBER ____ CONSTR. ☐ YES ZONE ☐ NO SPEED LIMIT ____
DIST. AT INTERSECTION 300 ☒ FT ☐ MI ☐ N ☐ E ☐ S ☐ W OF Hwy 151 EB

DATE OF ACCIDENT April 17 2001 DAY OF WEEK Tuesday HOUR 505 ☐ A.M. ☒ P.M.

UNIT NO. 3 - MOTOR VEHICLE VEH IDENT NO 1FTX172W1N[redacted] IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____
YEAR MODEL 2001 COLOR & MAKE Gray FORD MODEL NAME F 150 BODY STYLE PU LICENSE PLATE [redacted]
OWNER'S NAME [redacted] OWNER'S ADDRESS [redacted] TX [redacted] PHONE NUMBER [redacted]
DRIVER'S LICENSE TX [redacted] C DOB 01 14 61 RACE W SEX M OCCUPATION mkting
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-NONE 2-BLOOD 3-OTHER 4-URINE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT N/A PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO
LESSEE ☐ OWNER ☒ 68mls
LIABILITY INSURANCE ☒ YES ☐ NO State Farm R42127 G13 53E VEHICLE DAMAGE RATING FD-1

UNIT NO. 2 MOTOR VEHICLE ☐ TRAIN ☐ PEDALCYCLIST ☐ PEDESTRIAN ☐ OTHER ☐ VEH IDENT NO ____ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____
YEAR MODEL ____ COLOR & MAKE ____ MODEL NAME ____ BODY STYLE ____ LICENSE PLATE ____
OWNER'S NAME ____ PHONE NUMBER ____
DRIVER'S LICENSE ____ DOB ____ RACE ____ SEX ____ OCCUPATION ____
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-NONE 2-BLOOD 3-OTHER 4-URINE 5-REFUSED ☐ ALCOHOL/DRUG ANALYSIS RESULT ____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO
LESSEE ☐ OWNER ☐ ____
LIABILITY INSURANCE ☐ YES ☐ NO ____ VEHICLE DAMAGE RATING ____

DESCRIBE TO PROPERTY OTHER THAN VEHICLE ____ $ ____

LIGHT CONDITION: 1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK
WEATHER: 1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SLEET 7-SLEETING 8-HAIL STORM 9-OTHER ____
SURFACE CONDITION: 1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER ____
TYPE ROAD SURFACE: 1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-DIRT 5-OTHER ____
DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) ____

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☐ YES ☐ NO

CHARGES FILED
NAME ____ CHARGE ____ CITATION NUMBER ____
NAME ____ CHARGE ____ CITATION NUMBER ____

TIME NOTIFIED OF ACCIDENT 4-17-01 506 PM HOW Dispatched TIME ARRIVED AT SCENE OF ACCIDENT 4-17-01 5-14 PM
TYPED OR PRINTED NAME OF INVESTIGATOR Gary Bowen DATE REPORT MADE 4-17-01 IS REPORT COMPLETE ☒ YES ☐ NO
SIGNATURE OF INVESTIGATOR Gary Bowen ID NO. 1049 DEPARTMENT San Antonio PCT./AREA 5340

Unit 1

Damage Rating: BD-1

Vehicle removed to: left scene

By: driver

N	N	A	N	-	44	M	N	

SANDRA (CNO)

JUL 09 2001

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Unit 2 / 3

Damage Rating: FD-3 / BD-3

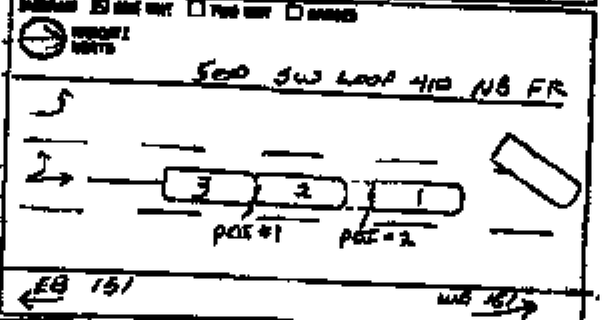
Vehicle removed to: left scene

By: driver

Occupant's Position	Name (Last Name First)								
FR RT	Farias, Hilda	N	N	A	N	-	35	M	N
		N	N	A	N	-		F	N

All three vehicles were NB on SW Loop 410 NB FR. Vehicle #1 in the front, followed by veh #2 and veh #3 behind veh #2. Dr #1 had to stop for a vehicle that cut in front of him and veh #2 stopped behind veh #1 when veh #3 hit veh #2 which then hit veh #1.

No injuries were reported



0

9400 San Pedro

E D-1

contract Wrecker

M	N	A	N	-	30	M	N

BANDERA [illegible]

JUL 0 5 2001

RECEIVED

3 44

Ruble & Associates, Inc.

Accident Consultants

October 18, 2001

Ms. Terry Cavazos
Claim Specialist
STATE FARM INSURANCE COMPANY
10725 Bandera Road
San Antonio, Texas 78725

BANDERA CSO
OCT 22 2001
DROP_____PULL_____

RE: Insured: [redacted]
D/A: 17 April 2001

Dear Ms. Cavazos:

At the request of State Farm Ins. (originally Frederick Douglas), we were asked to examine a brake booster from the insured's 2001 Ford pickup truck that was involved in a multi-vehicle accident.

I received the booster from Mr. Douglas and then enlisted my mechanical investigator's assistance in examining the booster to determine if it was defective and contributed – caused the accident in question.

Prior to receiving the booster, it had been examined by Jerry Felmley of San Antonio Brake. My investigator, George Wilborn, met with Mr. Felmley to review his observations and tests.

Mr. Wilborn then conducted his own independent evaluation of the booster. His findings concur with Mr. Felmley's and that is the rubber diphram component was creased or folded during assembly. This crease in time allowed the booster to leak and not maintain the vacuum required to provide its designed assist during braking.

This information in combination with Mr. Van Patton's description of the brake pedal application being non-responsive and requiring "hard" pressure on the brake pedal, indicates that the brake booster failed to provide the usual and expected brake power assist when Mr. Van Patton tried to brake and stop his vehicle.

When the booster fails, the driver is surprised and then usually attempts a harder application of brakes. The reduced assist reduces the stopping ability of the vehicle and may result in a collision when under normal functioning, the vehicle could be safely stopped under the same accident scenario. This is the scenario described by Mr. Van

Leon Springs Business Center ❖ 24123 Boerne Stage Road, Suite 420 ❖ San Antonio, Texas 78255
(210) 698-1766 ❖ (210) 698-0691 FAX

Patton and supported by the evidence of booster failure.

It is our opinion that the manufacturing or assembly defect in the brake booster diaphram caused Mr. Van Patton to not be able to timely and safely stop his vehicle.

This report is predicated upon the information available at this writing and information considered hence could form the basis for additional findings.

If you have any questions, please let us know.

Respectfully submitted,

Charles R. Ruble
Accident Analyst

George Wilborn
Mechanical Consultant

CRR/ssr
01:328