

 DOT Auto Safety Hotline  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
**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 100148  
 Date Received: 2005 JUN 24 AM 10:21  
 18-MAY-2005  
 Repository   
 Reference No. 10121297

OWNER INFORMATION (Type or Print):  
 Name: [REDACTED]  
 Address: [REDACTED]  
 City: TUSCALOOSA State: AL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:  
 Evening Telephone Number:

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: \_\_\_\_\_ Date: / /

VEHICLE INFORMATION  
 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FD8S34F52 [REDACTED]  
 Make: FORD Model: F350 Mod. Year: 2002  
 Date Purchased: 28-AUG-02 Dealer's Name and Telephone Number:  
 Engine: No. Cylinders: 8 Fuel Type: Diesel  
 Original Owner:  Dealer's City: State: Zip Code:  
 Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
 Powertrain: REAR WHEEL DRIVE  
 Vehicle Component Code: Q21000 SUSPENSION:FRONT  
 Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION  
 Incident Date(s): 18-MAY-2005 Failure Mileage: 174200 Failure Speed:

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: DOTM19A3C036)  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:  Yes  No Fire:  Yes  No  
 Number of Persons Injured: Number of Deaths: 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: CRACK IN RIGHT FRONT SPRING ~~was~~ STRESS DEFECTIVE MATERIAL. \*AK  
 tower

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY  
 The Privacy Act of 1974-Public Law 93-578 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.