



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 100148

Date Received

2006 JUN 30 PM 2:32
31-AUG-2006

Repository ☐

Reference No.
10134880

OWNER INFORMATION (Type or Print)

Name

Address

City

TEMPERANCE

State

MI

Zip Code

Daytime Telephone Number

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 authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 5/13/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2FTRX17W0Y0

Make
FORD

Model
F150

Model Year
2000

Date Purchased
01-DEC-98

Dealer's Name and Telephone Number
BRONDES FORD

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
TOLEDO

State
OH

Zip Code
43623

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
017500 STEERING: LINKAGES: TIE ROD ASSEMBLY

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-MAY-2005

Failure Mileage
35122

Failure Speed
40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM19ABC036)

☐ 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).

DT: THE CONTACT STATES LEFT FRONT TIE RODS SEPARATED. HE WAS GOING APPROXIMATELY 40 MPH. THEY BOTH HAD TO BE CHANGED. THIS HAPPENED ON MAY 9-05. HE LOST CONTROL OF THE STEERING ON 5-8-05. HE HAD NOTICED THAT THE STEERING WAS WONDERING PRIOR TO THIS INCIDENT. THE DEALER TOLD HIM THE ALIGNMENT WAS PERFECT; THEY HAD USED A NEW MACHINE TO DETERMINE IF THE ALIGNMENT WAS CORRECT. *AK

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.