



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

Repository ☐

2006 MAR 22 AM 10:38
27-FEB-2006

Reference No.
10151348

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **STOYSTOWN** State **PA** 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? ☐ 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
1FTRX18W41N [REDACTED]

Make
FORD

Model
F-150

Model Year
2001

Date Purchased
03-NOV-00

Dealer's Name and Telephone Number
BJ MAURER FORD 1-800-322-1924

Engine:
No. Cylinders **8**

Fuel Type:
Gas

Original Owner
☒

Dealer's City
BOSWELL

State
PA

Zip Code
15531

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code

021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT

Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
31-JAN-2006

Failure Mileage
65537

Failure Speed
5

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: DOTM9ABC036)

☐ 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 Manufacturer:

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 STATED WHILE PULLING OUT OF A PARKING LOT GOING APPROXIMATELY 5MPH A LOUD NOISE WAS HEARD COMING FROM THE VEHICLE. AT THIS TIME THE FRONT SUSPENSION DROPPED DOWN CAUSING AN ABRUPT STOP. THE VEHICLE WAS TOWED TO THE DEALERSHIP, UPON INSPECTION THE PROBLEM WAS THE PASSENGER'S FRONT LOWER BALL JOINT HAD SNAPPED OFF. REPAIRS HAVE BEEN MADE, THE MANUFACTURER HAS BEEN ALERTED.

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.

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).