



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 APR -6 PM 2:10
21-MAR-2006

Repository

Reference No.
10153359

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: HUNTINGTON State: CA Zip Code: [REDACTED]

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: _____ Date: 3/1/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FDAP36F44E [REDACTED] Make: FORD Model: F550 SUPER DUTY Model Year: 2000
Date Purchased: _____ Dealer's Name and Telephone Number: GOLDENWEST WRECKER SALES Engine: No. Cylinders: 8 Fuel Type: Diesel
Original Owner: Dealer's City: PEBLICIA State: CA Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 013100 STEERING;GEAR BOX;SHAFT SECTOR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 21-MAR-2005 Failure Mileage: 10000 Failure Speed: 2

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: DOTM19ABC036): _____ Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ The 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 STATED WHILE DRIVING THE VEHICLE 2MPH IN A PARKING LOT THE STEERING WHEEL SPUN FREELY. THE VEHICLE WAS TOWED TO AN INDEPENDENT REPAIR SHOP WHERE THEY DETERMINED THE STEERING BOX SHAFT HAD BROKEN CAUSING LOSS OF CONTROL. THE MANUFACTURER HAS NOT BEEN ALERTED.

MANUFACTURER HAS BEEN NOTIFIED.
CAR MAKE + RUC CRASH SERVICE GM- [REDACTED]
714527 3020
13443 E FREEWAY ON SAN FRANCISCO CA 94174

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 Administration and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.