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 ☐
21-MAR-2006	Reference No. 10153364

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: HUNTINGTON BEACH	State: CA	Zip Code: [redacted]	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	Make	Model	Model Year
1FDAF56P2XE[redacted]	FORD	F550 SUPER DUTY	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	GOLDENWEST WRECKER SALES			No. Cylinders 8	Diesel
Original Owner ☒	Dealer's City: PBLICIA	State: CA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	013100 STEERING:GEAR BOX:SHAFT SECTOR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
01-JUL-2004	99100	10

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: DOTMALSABC036)	☐ 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			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 10 MPH IN A PARKING LOT GOING OVER A SPEED BUMP THE STEERING WHEEL SPUN FREELY. THE VEHICLE WAS TOWED TO AN INDEPENDENT REPAIR SHOP WHERE THEY DETERMINED THE PROBLEM WAS THE STEERING BOX SHAFT HAD BROKEN CAUSING LOSS OF CONTROL. THE STEERING SECTOR SHAFT NEEDED TO BE REPLACED. THE MANUFACTURER HAS NOT BEEN ALERTED.

THE MANUFACTURER HAS BEEN ALERT (SHOULD HAVE)

CARRERA TRUCK CENTER 714-522-3020

13443 E. FREEWAY DR. SANTA FE SPRINGS CAL 90670

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