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
10-APR-2006	Reference No. 10154966

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City SPENCER	State IN	Zip Code	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
	UNKNOWN MANUFACTU	UNKNOWN MANUFACT	9999

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
01-JAN-05	SPENCER TRAILERS, INC 812-829-0226	No: Cylinders	

Original Owner	Dealer's City	State	Zip Code
☒	SPENCER	IN	47460

Transmission Type			Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control	Powertrain	022520 SUSPENSION:REAR:AXLE:NON-POWERED AXLE ASSEMBLY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-APR-2006			

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: DOTMAL9ABC036)	☐ 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 THE TRAILER WAS BEING PULLED 60 MPH THE REAR AXEL BROKE LOOSE ON ONE SIDE. THE TRAILER WAS STOPPED AND THE AXEL WAS BROKEN COMPLETELY LOOSE AND THEN PULLED TO ~~THE DEALER~~. THE TRAILER HAD 2000 POUNDS OF CARGO. ~~THE DEALER REPLACED THE ENTIRE REAR AXEL AND BOTH WHEELS. THE CONTACT IS THE DEALERSHIP OF THE TRAILER. THE MANUFACTURER WAS ALERTED AND DETERMINED THE FAILURES WERE DUE TO MISUSE OF THE TRAILER.~~ 2005 H & H TRAILER, TANDEM AXEL CARGO TRAILER.

machine shop

Machine shop re-welded axle to trailer.
No determination made yet on reason for failure

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