



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.
10154969

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SPENCER State IN 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 4/1/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4JTC1624 [REDACTED] Make H&H TRAILER Model TANDEM TRAILER Model Year 2004
Date Purchased 01-JAN-04 Dealer's Name and Telephone Number SPENCER TRAILERS, INC 812-629-0226 Engine: No: Cylinders Fuel Type:
Original Owner ☒ Dealer's City SPENCER State IN Zip Code 47460
Transmission Type ☐ Antilock Brakes Powertrain Vehicle Component Code 022520 SUSPENSION: REAR: AXLE: NON-POWERED AXLE ASSEMBLY
☐ Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

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

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: DOTM13ABC036) ☐ 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 STATED WHILE THE TRAILER WAS BEING PULLED AT 45 MPH WITH 1000 POUNDS OF CARGO. THE REAR AXEL BROKE LOOSE AND BECAME LODGED UNDERNEATH THE TRAILER. THE TRAILER WAS STOPPED AND THE REAR AXEL WAS TAKEN LOOSE AND REMOVED. IT WAS PULLED TO DEALER REPAIRS. MANUFACTURER WAS ALERTED AND DETERMINED THE FAILURES WERE DUE TO MISUSE OF THE TRAILER. 2004 H & H TRAILER, TANDEM AXEL CARGO TRAILER. "AK

Manufacturer "did not" determine that the trailer was misused.
Axle was improperly welded! Manufacturer replaced axle assembly.

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.