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	☐

2006 JUL 31 PM 5:27

Reference No. 10154970

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City SPENCER **State** IN **Zip Co** [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	Make	Model	Model Year
	H&H TRAILER	TANDEM TRAILER	2005

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 SPENCER	State IN	Zip Code 47460		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code 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 AT 60 MPH 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 TOWED TO DEALER FOR REPAIRS. ~~THE MANUFACTURER WAS ALERTED AND DETERMINED THE FAILURES WERE DUE TO MISUSE OF THE TRAILER. 2005 H & H TRAILER, TANDEM AXLE [redacted] TRAILER. *AK~~

Axle Manufacturer warranted this failure!

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