



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
2007 FEB 13 AM 9:40
07-NOV-2006

Repository
Reference No.
10172860

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City PORTLAND State OR Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Signature of Owner [REDACTED] Date 2.12.07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
A7RR [REDACTED] Make FORD Model FORD TRUCK AND VA Model Year 1957
Date Purchased 15-JUL-87 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
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) 04-NOV-2006 Failure Mileage 4995 Failure Speed 50

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM9ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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 TRAVELING 50 MPH ON DRY ROAD CONDITIONS, THE VEHICLE PULLED TO THE LEFT AND HAD STEERING PROBLEMS. THE CONTACT HAD THE BALL JOINTS AND TIRES REPLACED, BUT THE PROBLEM PERSISTED. THE VEHICLE WAS TAKEN TO TWO INDEPENDENT REPAIR SHOPS AND A POWER STEERING REBUILD SHOP WHO DETERMINED THAT THE GEAR BOX WAS DEFECTIVE. THE CONTACT PURCHASED A RACK AND PINION SYSTEM, AND REPLACED THE GEAR HEAD STEERING BOX, WHICH CORRECTED THE PROBLEM. THE CONTACT TOOK THE GEAR HEAD STEERING BOX APART AND NOTICED THE 3 TEETH WERE DEFECTIVE. 1 OF THE TEETH APPEARED TO BE WELDED ON, AND THE OTHER 2 WERE HAND GRINDED. ALSO, ALL 3 TEETH WERE NOT CONCENTRIC. THE SECTOR SHAFT MANUFACTURER WAS CONTACTED, BUT PROVIDED NO RESOLUTION. THE CONTACT EXPRESSED CONCERN BECAUSE IF THE WELDED TEETH FRACTURED, THE STEERING COULD LOCK UP. ALSO, THE CONTACT EXPRESSED THAT THE TEETH SHOULD BE FORGED, NOT WELDED TOGETHER. THE SHAFT SECTOR WAS MANUFACTURED BY GEARHEADS CRUISER PRODUCTS.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

This steering gear box was prone to lock up when driving. Only by pulling hard did it come loose. This action caused car to go too far as you corrected. I am not the only person that had this problem.

The reason I filled this report is to stop the vendor, before someone gets killed!!

I Enclose picture of Sector Shaft Teeth.

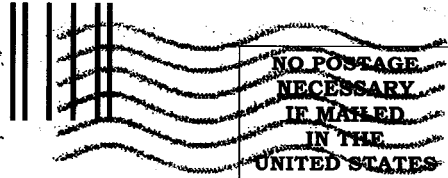
ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS

PORTLAND OR 972

03 FEB 2007 PM 8 L



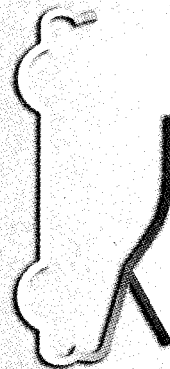
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Think your vehicle
has a safety defect?



If so:
Use the enclosed
form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



