



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 JUL 13 AM 7:16 2007 JUL 2007	Repository <input type="checkbox"/> Reference No. 10196423
---	--

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: HOPKINTON State: MA Zip Code: [REDACTED]

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

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of an authorized representative, please provide the name and address of the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 6/13/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FDRE14L7YH [REDACTED]
Make: FORD Model: E150 Model Year: 2000
Date Purchased: MAY 2007 Dealer's Name and Telephone Number: BASH SUPERSTORE 1-781-255-6177 Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner: Dealer's City: NEWWOOD State: MA Zip Code: 02062
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: REAR WHEEL DRIVE
 Cruise Control
Vehicle Component Code: 012000 STEERING: COLUMN
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 13-JUL-2007 Failure Mileage: 83000 Failure Speed: 40

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: DOTM19ABC036): [REDACTED] 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: 0 Number of Deaths: 0 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).

TL*THE CONTACT OWNS A 2000 FORD E150. ON JULY 13, 2007, WHILE DRIVING 40 MPH, THE STEERING COLUMN BEGAN SMOKING. THE PURCHASE DATE WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 83,000.

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.