U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
2009 AUG 28 PM 1 888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148	
Date Received	**Repository** ☐
03-AUG-2009	Reference No. 10279137

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number [redacted]	
City ANDOVER	**State** MN	**Zip Code** [redacted]	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FDXF46S0XE[redacted]	FORD	F450 SUPER DUTY	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
6-99	Mills 218-829-2893			No: Cylinders 10	GAS
Original Owner ☒	Dealer's City Brainerd Baxter	State Minn	Zip Code 56425		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control		Tie-Rod Passenger Side	23-JAN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 021000 SUSPENSION: FRONT, 017500 STEERING: LINKAGES: TIE ROD ASSEMBLY	Failure Mileage	Failure Speed
	70000	45

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	0	0	☒ Yes - State Patrol

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 1999 FORD F450 SUPER DUTY. THE CONTACT STATED THAT THE FRONT PASSENGER SIDE TIE ROD DETACHED FROM THE VEHICLE WHILE DRIVING BETWEEN 45-50 MPH. THE CONTACT CRASHED INTO THE GUARD RAIL, BUT THERE WERE NO INJURIES. THE VEHICLE WAS TOWED TO HIS RESIDENCE. THE MANUFACTURER HAS NOT YET BEEN NOTIFIED. THE FAILURE MILEAGE WAS 70,000.

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

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

Driving North on Hwy 35W and Tie-Rod end broke off and had no control of truck and it Turned right in front of Two cars and Headed for guard rail and then the Complete Truck went up and over the [redacted], Minn. Highway Patrol had the Two Freeways down To one lane for 2 Hrs

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

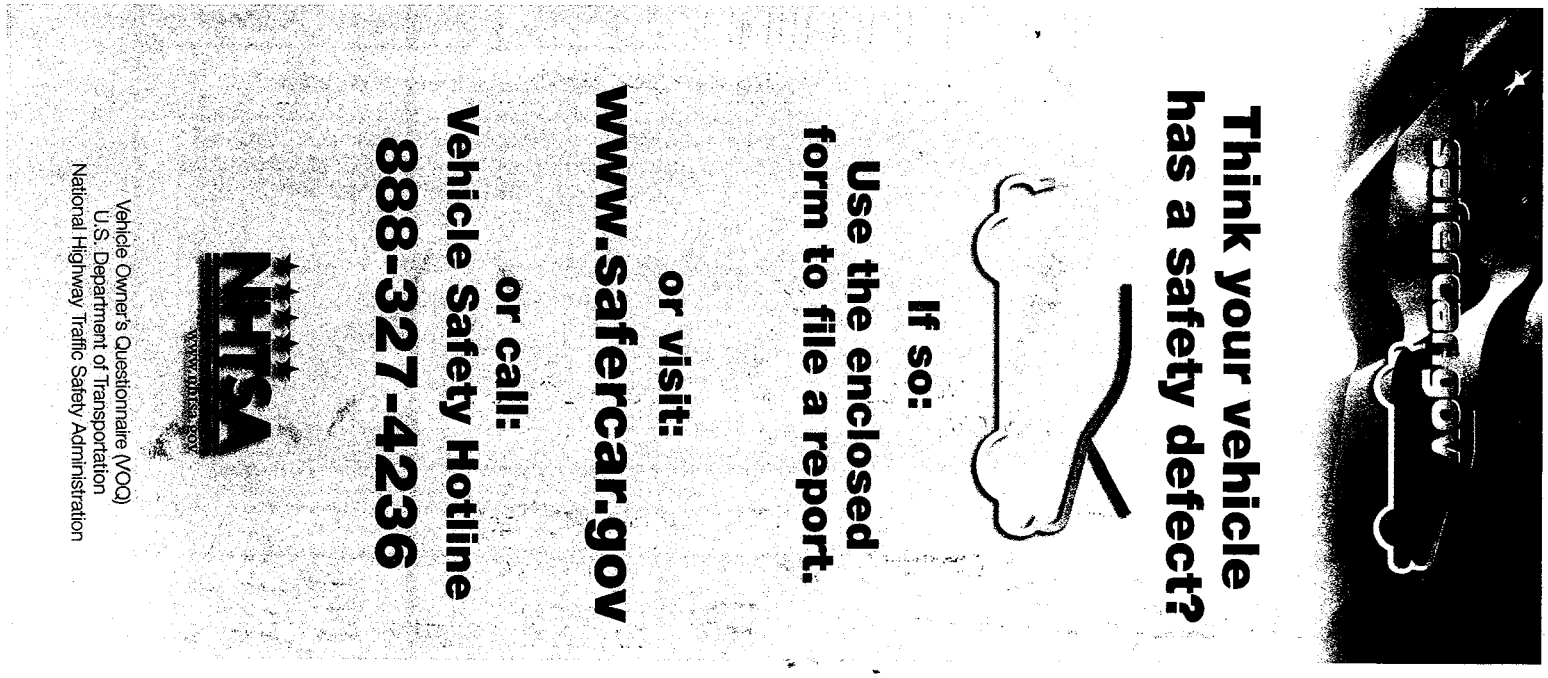
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



v4 Key (2 sided page) – Shaded Officer info boxes (Complete non-shaded areas for exchange, complete shaded after exchange sheets given to drivers). Yellow tag, Comm. Veh, diagram, narrative on reverse side.

ICR # or Case # 095010822
Officer WAYNE Badge 188
Vehicles 3 # Injured 0 # Killed 0

State of Minnesota
Department of Public Safety
Traffic Crash Information

Department MSP
Date 1-23-9 Time 1735
Damage over Statutory Limit or Injury
Y ☒ (Driver must file crash report) N ☐

To obtain a copy of the crash report, call 651-296-3279. Please allow 21 days from the date of the crash.

Location – On Street/Highway NB 35W/694 | Mile Post | ☐ At Intersection With Or ____ | ☐ Miles ☐ Feet | ☐ N ☐ S ☐ E ☐ W Of:
County RAMSEY | City/Township NEW BRIGHTON | Weather/Road/Wind Conditions CLEAR/DRY | Street, Highway, or Feature

Unit # 1 — Vehicle ☒ Pedestrian ☐ Bike ☐

Position D | D/L Number [redacted] | State [redacted] | Class D | Status V
Name (First, Middle, Last) [redacted] | Date of Birth [redacted]
Address [redacted] | D/L ? | Restriction
City, State, Zip Code BLAINE MN [redacted] | Telephone
D/L Correct? Y | Sex F | Safety Equip Type | Safety Equip Used Y | Airbag N | Eject | Injury Sev N
Hosp ☐ Ambulance ☐ Other | Ambulance Service | Run Number
Owner Name [redacted] | Tow Company
Address | # Occupants 1
City, State, Zip Code | Direction N
Make/Model/Year OLDS SATURN VUE | Color SIL | Vehicle Type SUV | Dmg Loc F | Dmg Sev LIGHT
Plate #(s) [redacted] | State of Registration [redacted] | Year of Exp 09
Insurance Company ILLINOIS FARMERS | Policy Number [redacted] | Current Proof Y

Unit # 2 — Vehicle ☒ Pedestrian ☐ Bike ☐

Position D | D/L Number [redacted] | State [redacted] | Class D | Status V
Name (First, Middle, Last) [redacted] | Date of Birth [redacted]
Address [redacted] | D/L ? | Restriction C
City, State, Zip Code LEXINGTON MN [redacted] | Telephone
D/L Correct? | Sex F | Safety Equip Type | Safety Equip Used Y | Airbag N | Eject | Injury Sev N
Hosp ☐ Ambulance ☐ Other | Ambulance Service | Run Number
Owner Name [redacted] | Tow Company
Address | # Occupants 2
City, State, Zip Code | Direction N
Make/Model/Year TOYOTA 95 | Color RED | Vehicle Type PC | Dmg Loc MULT | Dmg Sev LIGHT
Plate #(s) [redacted] | State of Registration [redacted] | Year of Exp 09
Insurance Company STATE FARM | Policy Number [redacted] | Current Proof Y

Injured Passengers/Witnesses	Unit	Pos'n	Date of Birth	Sex	Equip	Use	Airbag	Eject	Inj Sev	Hosp	Transport	Ambulance Svc	Run #
											☐ Ambulance ☐ Other		
											☐ Ambulance ☐ Other		
											☐ Ambulance ☐ Other		

Unit # 3 — Vehicle ☒ Pedestrian ☐ Bike ☐

Position D | D/L Number [redacted] | State [redacted] | Class N | Status V
Name (First, Middle, Last) [redacted] | Date of Birth [redacted]
Address [redacted] | D/L ? | Restriction C
City, State, Zip Code ANDOVER MN [redacted] | Telephone
D/L Correct? Y | Sex M | Safety Equip Type | Safety Equip Used Y | Airbag NA | Eject | Injury Sev N
Hosp ☐ Ambulance ☐ Other | Ambulance Service | Run Number
Owner Name [redacted] | Tow Company FARMINGTON
Address [redacted] | # Occupants 3
City, State, Zip Code | Direction S
Make/Model/Year 95 FORD SUBARU | Color BLK | Vehicle Type CAR | Dmg Loc MULT | Dmg Sev MOD
Plate #(s) [redacted] | State of Registration [redacted] | Year of Exp 10
Insurance Company OWNERS INS CO | Policy Number [redacted] | Current Proof Y

Unit # — Vehicle ☐ Pedestrian ☐ Bike ☐

Position | D/L Number | State | Class | Status
Name (First, Middle, Last) | Date of Birth
Address | D/L ? | Restriction
City, State, Zip Code | Telephone
D/L Correct? | Sex | Safety Equip Type | Safety Equip Used | Airbag | Eject | Injury Sev
Hosp ☐ Ambulance ☐ Other | Ambulance Service | Run Number
Owner Name | Tow Company
Address | # Occupants
City, State, Zip Code | Direction
Make/Model/Year | Color | Vehicle Type | Dmg Loc | Dmg Sev
Plate #(s) | State of Registration | Year of Exp
Insurance Company HUMAN SUBLIABON | Policy Number [redacted] | Current Proof