NOV 20 2009

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** ☐
04-NOV-2009	Reference No. 10290919

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City GIBSON	**State** NC	**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
	FORD	EXPLORER	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10-OCT-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING	Failure Mileage 165000	Failure Speed 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	1		Y

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 2003 FORD EXPLORER. WHILE DRIVING 45 MPH THE STEERING WHEEL LOCKED WITHOUT WARNING. SUDDENLY, THE DRIVER LOSS CONTROL OF VEHICLE AND CRASHED INTO A BRIDGE. THE AIR BAGS DEPLOYED WITH THE MASSIVE IMPACT. THE POLICE WAS CALLED TO THE SCENE. THE DRIVER WAS TAKEN TO THE HOSPITAL. THE DRIVER SUSTAINED MODERATE INJURIES TO THE BACK NECK AND CHEST. THE VEHICLE WAS TOWED TO AN AUTO COLLISION CENTER. THE CAUSE OF FAILURE HAS NOT BEEN DETERMINED AT THIS TIME. THE FAILURE AND CURRENT MILEAGES WERE 165,000. THE VEHICLE IDENTIFICATION NUMBER WAS UNAVAILABLE.

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

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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216fb

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

DMV-349 (Rev. 3/2000)

1

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these sp

1026853

No. of Units Involved 1 | Form 1 of 1 | ☐ Supplemental Report | ☐ Non-Reportable

Date	County	Time	Local Use/Patrol Area	Date Received by D...
09/29/2009	SCOTLAND	08:55 (24 Hour Clock)	090929036HA/04	10/02/2009

LOCATION

33 Relation to Roadway Surface 2 | Crash occurred [X] | In Municipality | Near GIBSON | or 3.20 Miles [X] N ☐ S ☐ E [X] W outside municipality

on RP 1152 (Highway Number, or Highway, Street. If ramp or service road, indicate on line) ☐ Ramp or Service Road (R.R.Crossing #) 0.80 Miles (0 ft.=Intersection) ☐ [X] N ☐ S ☐ E ☐ W ft. (if available)

from RP 1145 (Use Highway Number, Street Name or Adjacent County or State Line) ☐ [X] N ☐ S ☐ E ☐ W toward NC 381 (Use Highway Number, Street Name or Adjacent County or State Line)

Latitude | Longitude | Altitude

UNIT # 1 [X] VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL VEHICLE

Driver [redacted] (First / Middle / Last / Suffix)

Address [redacted]

City MAXTON State NC Zip [redacted]

Same Address on Driver's License? ☐ Yes ☐ No | Driver's Phone Numbers H ([redacted]) W ( )

D.L. # [redacted] State NC CDL License ☐

DOB [redacted] (mm/dd/ccyy) | 34 Vision Obstruction 00 | 35 Physical Condition 01 | 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 | 38 Alcohol/Drugs Test 0 | 39 Results (if known) 0 | 40 Vehicle Seizure (DWI) ☐

Owner [redacted] Same as Driver? ☐

Address [redacted] Same Address as Driver? ☐

City GIBSON State NC Zip [redacted]

Plate # [redacted] Plate State NC Plate Year 2010

VIN 1FMZU62K23U[redacted]

Vehicle Make FORD | Vehicle Year 2003 | 41 Vehicle Style (Type) 4 | 42 Vehicle Drivable ☐ Yes [X] No

43 TAD FC-5,BR-4,FR-3 | 44 Estimated Damage $5000

Insurance Company PROGRESSIVE

Policy # [redacted]

UNIT # ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver (First / Middle / Last / Suffix)

Address

City State Zip

Same Address on Driver's License? ☐ Yes ☐ No | Driver's Phone Numbers H ( ) W ( )

D.L. # State CDL License ☐

DOB (mm/dd/ccyy) | 34 Vision Obstruction | 35 Physical Condition | 36 D.L. Restrictions

37 Alcohol/Drugs Suspected | 38 Alcohol/Drugs Test | 39 Results (if known) | 40 Vehicle Seizure (DWI) ☐

Owner Same as Driver? ☐

Address Same Address as Driver? ☐

City State Zip

Plate # Plate State Plate Year

VIN

Vehicle Make | Vehicle Year | 41 Vehicle Style (Type) | 42 Vehicle Drivable ☐ Yes ☐ No

43 TAD | 44 Estimated Damage $

Insurance Company

Policy #

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type ☐ Same Address as Owner?

Source: ☐ Truck ☐ Shipping papers ☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# | ICC# | Axles on Vehicle Including Trailers

State | State# | IFTA#

FEI# | Fleet# | Gross Vehicle Weight Rating

Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver

	21	22	23	24	25	26	27	28	29	30	31	32	
A	1	1	1	Unit1-Drv1, Ped1, etc. see above	N	F	2	2	0	2	1	4	see above: Veh# 1 Towed To/By: CLARK'S BY OWNER'S REQUEST/CLARK'S BY OWNER'S REQUEST
B				Unit2-Drv2, Ped2, etc. see above									see above: Veh# Towed To/By:
C													
D													
E													
F													
G													
H													

46 Name of EMS A-TAKEN BY PRIV VEH TO HOSP

47 Injured Taken by EMS to SANDHILLS REGIONAL HOSPITAL ,HAMLET (Treatment Facility and City or Town)

46 Name of EMS

47 Injured Taken by EMS to (Treatment Facility and City or Town)

102685332 - 1

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# 1 1 2 20 / Unit# __

CRASH SEQUENCE (Unit Level)	Unit# 1	Unit# __
49 Vehicle Maneuver/Action	4	
50 Non-Motorist Action		
51 Non-Motorist Location Prior to Impact		
52 Crash Sequence - First Event for This Unit	1	
53 Crash Sequence - Second Event *	49	
54 Crash Sequence - Third Event *		
55 Crash Sequence - Fourth Event *		
56 Most Harmful Event for This Unit	49	
57 Distance/Direction to Object Struck	2	
58 Vehicle Underride/Override	3	
59 Vehicle Defects	0	

VEHICLE INFO.	Veh # 1	Veh.# __
60 Authorized Speed Limit	55	
61 Estimate of Original Traveling Speed	50	
62 Estimate of Speed at Impact	50	
63 Tire Impressions Before Impact (ft.)	104	
64 Distance Traveled After Impact (ft.)	151	
65 Emergency Vehicle Use		
66 Post Crash Fire (if "Yes" check block)	☐	☐
67 School Bus - Contact Vehicle *	☐	☐
68 School Bus - Noncontact Vehicle *	☐	☐

COMMERCIAL VEHICLE: Hazardous Materials Involvement

Haz Mat Placard ☐ Yes ☐ No — From Placard indicate:

Hazardous Cargo ☐ Yes ☐ No — 4-digit placard number or name from diamond or box — 1-digit number from bottom of diamond

Released (does not include fuel from fuel tank)

Carrying Haz Mat ☐ Yes ☐ No

ROADWAY INFO.	
69 Road Feature	2
70 Road Character	1
71 Road Classification	4
72 Road Surface Type	3
73 Road Configuration	2
74 Access Control	1
75 Number of Lanes	2
76 Traffic Control Type	0
77 Traffic Control Oper	

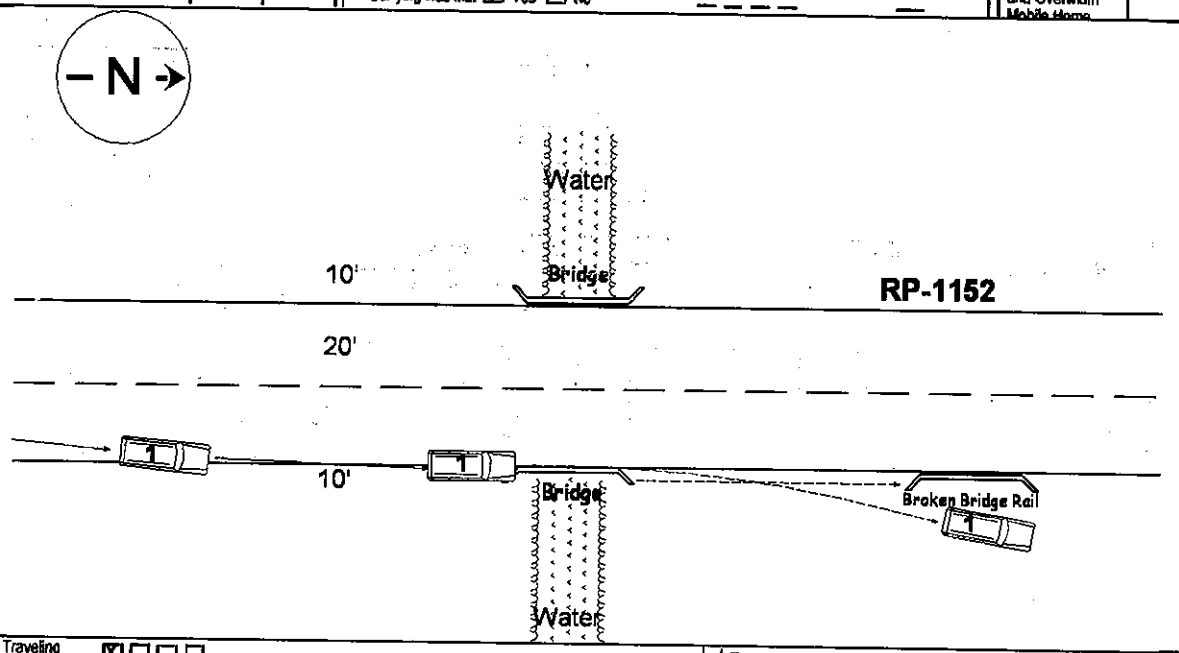
WORK ZONE RELATED	
78 Workzone Area	5
79 Work Activity	
80 Work Area Marked	
81 Crash Location	

TRAILER INFO.	Unit# 1	Unit# __
82 Trailer Type	00	
1st Trailer No. Axles		
Width (inches)		
Length (feet)		
2nd Trailer No. Axles		
Width (inches)		
Length (feet)		

83 Unit# __ Overwidth Trailer and Overwidth Mobile Home — Overwidth Permit #

84 DIAGRAM

Indicate North



Unit# 1 was: ☒ Traveling ☐ Parked Facing ☒ N ☐ S ☐ E ☐ W on RP 1152

Unit# __ was: ☐ Traveling ☐ Parked Facing ☐ N ☐ S ☐ E ☐ W on __

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEH #1 WAS TRAVELING NORTH ON RP-1152. DRIVER #1 STATED THE STEERING LOCKED UP WHILE SHE WAS TRAVELING NORTHBOUND. DRIVER #1 RAN OFF THE ROAD ON THE RIGHT AND COLLIDED WITH A DOT SIGN AND A WOODEN BRIDGE RAIL. DRIVER #1 CAME TO REST ON THE NORTHBOUND SHOULDER OF RP-1152 NEXT TO THE BROKEN BRIDGE GUARD RAIL. THE OWNER WAS PRESENT AT THE SCENE AND STATED THE STEERING WHEEL HAD A LITTLE HISTORY OF STICKING AT TIMES.

86 Type/Owner DOT SIGN(S) AND BROKEN BRIDGE GUARDRAIL-NORTH CAROLINA DEPT OF TRANSPORTATION — Owner Address ADDITIONAL PROPERTY DAMAGE — Phone [redacted] WAGRAM,NC [redacted] — State Property? ☒ — Estimated Damage $1000

WITNESSES

Name __ Address __ Phone No. ( ) __

Name __ Address __ Phone No. ( ) __

TRAFFIC VIOLATION(S)

Name __ Charge(s) __ (Citation # optional)

Name __ Charge(s) __

Officer Name	Officer Number	Department	Date of Report
D R Ford	1118	North Carolina State Highway P	09/29/2009