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 ☐
18-OCT-2010	Reference No. 10361041

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City NORTHPORT	State FL	Zip Code	Evening Telephone Number

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
1FTSX30F5XE	FORD	F350 SUPER DUTY	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2000	Ford-Don Gasparb Charlotte County Ford			7.3 Diesel 8	Diesel
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☑ Antilock Brakes ☑ Cruise Control	2 wheel Drive		18-OCT-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 162300 STRUCTURE: BODY: DOOR	Failure Mileage	Failure Speed
	75000	

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	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 1999 FORD F350 CREW CAB. AS HE WAS TRYING TO GET OUT OF THE VEHICLE THE REAR PASSENGER AND DRIVER SIDE DOOR WOULD NOT OPEN. THE CONTACT STATED THAT THE PASSENGER HAD TO CLIMB OVER THE FRONT SEAT IN ORDER TO GET OUT OF THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER WHO STATED THAT THEY NEEDED TO REPLACE THE CABLES ON THE DOOR. THE CONTACT WAS RESPONSIBLE FOR PAYING THE REPAIR COST OF $600 SINCE THERE WERE NO RECALLS OR WARRANTIES. THE MANUFACTURER WAS NOTIFIED AND OFFERED NO ASSISTANCE. THE FAILURE MILEAGE WAS 75,000.

The Truck is a DEATH TRAP - CANT even get Tire jack out to Repair A Tire.

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