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
JUN 0 8 2011 03-MAY-2011	☐
Reference No. 10398812	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City ORLEANS	State MA	Zip Code [redacted]	Evening Telephone Number [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
1FTRF12275N[redacted]	FORD	F-150	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
08/2005	Quirk Ford			6	gas
Original Owner ☑	Dealer's City Quincy	State MA	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
Auto	☐ Antilock Brakes ☐ Cruise Control	Powertrain		23-OCT-2007

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	48,000	2

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	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 2005 FORD F-150. WHILE DRIVING APPROXIMATELY 2 MPH, THE FRONT DRIVER SIDE AIR BAG DEPLOYED INDEPENDENTLY. THE DRIVER SUFFERED MINOR INJURIES AS A RESULT OF DEPLOYMENT. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHERE THEY WERE UNABLE TO DIAGNOSE THE FAILURE YET THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE AND THE CONTACT WAS INFORMED THAT THE VEHICLE WAS NOT INCLUDED IN THE RECALL ASSOCIATED WITH NHTSA CAMPAIGN ID NUMBER: 11V107000 (AIR BAGS: FRONTAL: DRIVER SIDE INFLATOR MODULE). THE FAILURE MILEAGE WAS UNKNOWN AND THE CURRENT MILEAGE WAS 100,000.

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 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.