



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
FEB 2 2012
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City COLVILLE State WA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [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: 1FTWX31P26E [REDACTED]
 Make: FORD Model: F350 Model Year: 2006
 Date Purchased: [REDACTED] Dealer's Name and Telephone Number: UKia H Ford 707-468-0091
 Engine: No: Cylinders: [REDACTED] Fuel Type: Diesel
 Original Owner: Dealer's City: UKIA H State: CA Zip Code: 95482
 Transmission Type: [REDACTED] Antilock Brakes Cruise Control Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 02-OCT-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING Failure Mileage: 113048 Failure Speed: 0

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: DOTMAL9ABC036): [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: [REDACTED] Number of Deaths: [REDACTED] 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 2006 FORD F350. THE CONTACT STATED WHILE ATTEMPTING TO REVERSE, THE VEHICLE LOST POWER AND RELEASED SMOKE. THE VEHICLE WAS TOWED TO DEALER WHO PERFORMED A DIAGNOSTIC THAT LOCATED THE FAILURE AT THE ENGINE EXHAUST EGR VALVE. THE MANUFACTURER DENIED ASSISTANCE WITH THE REPAIR. THE EGR VALVE WAS REPLACED. THE FAILURE MILEAGE WAS 113,048 AND THE CURRENT MILEAGE WAS 114,232.

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.