

File a Report

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)



This form provides a way for you to collect the information you will need to submit when you are ready to submit this form online. We encourage you to use the online form to formally submit a report. However, if you can't fill in the online form, you may choose to print this form and mail a signed copy to the address on the right. Do not send in the form and fill it out online, only submit it once.

If you are unsure about how to fill in a multiple-selection field in this form skip it. Please make sure that you provide full detail in the description of the hazardous incident or safety concern.

US Consumer Product Safety Commission
4330 East West Highway
Bethesda, MD 20814
Attention: Safety Complaint
Phone: 1-800-638-2772
E-mail: info@cpsc.gov
www.saferproducts.gov

*** Indicates required field**

*** I am a / I am affiliated with:**

- Consumer
- Local Government Agency
- State Government Agency
- Federal Government Agency
- Public Safety Entity
- Health Care Professional
- Medical Examiner and Coroner
- Child Service Provider

Received CPSC
2011 SEP 15 A 11: 09
Office of the Secretary
FOI

Tell Us What Happened

*** I am reporting:**

- A hazardous incident: An actual incident or injury involving an unsafe consumer product.
- A safety concern: The potential for an unsafe consumer product to cause an incident or injury.

*** Please describe the hazardous incident or safety concern:**

Driving north on I95 all of a sudden the truck exploded. The 4x4 shifter hit me in the head. I lost control of the truck, ran off the road. I found out after some other drivers put out the fire, that my transfer case had exploded and sent metal into my transmission and busted it. This also cut my fuel line and burned the wiring on my 2008 Ford F450 Wrecker. The drive shaft and transfer case was dragging on the road and could have and should have caused the truck to flip over, but thank God, that did not happen. I towed it to Capital Ford in Wilmington,NC. They kept it 2 days and told me that a factory defect caused the explosion, a broken shaft inside the transfer case. A Ford tech. told me that it was a factory problem, and not mine. I could have been easily killed by this. Thank you very much. Ford said that there was nothing that they could do, however I have found 40 bulletins concerning the F450 Super Duty truck. Thank you for any help. Ford is refusing to help, but they want \$10,000 to fix this.

Important: Include details such as how the product was being used, what happened to prompt your report and any injuries that were sustained. Do not provide personally identifiable information in this box.

Disclaimer: The Commission does not guarantee the accuracy, completeness or adequacy of the contents of the Consumer Product Safety Information Database, particularly with respect to the accuracy, completeness or adequacy of information submitted by persons outside of the CPSC.

Tell Us What Happened (continued)

*Incident Date: (mm/dd/yyyy)

Is this an Estimated Date? Yes No

Location:

- Home / Apartment / Condominium
- Mobile / Manufactured Home
- Place of Recreation or Sports
- Street or Highway
- School
- Industrial
- Farm / Ranch
- Other Public Property /Office
- Unknown

Incident Address:

Apt / Office / Suite:

City:

State:

Postal Code:

Country:

This is my home address

People Involved and Their Injuries

This section only applies if you are reporting a hazardous incident, not a safety concern.

For each victim involved you will need to provide the following information. We have provided space for one victim, when you fill in the online report you can enter the information for many victims.

Number of Victims Involved The term "victim" covers any individual killed, injured or exposed to a possible product-related hazard and does not imply that the product caused an incident.

* Injury Information (select one):

- Incident, No Injury
- Injury, No First Aid or Medical Attention Received
- Injury, First Aid Received
- Injury, Medical Attention Received
- Injury, Emergency Department Treatment Received
- Injury, Hospital Admission
- Death

Location of Injury (if applicable):

- | | | |
|--|---|--|
| <input type="checkbox"/> 25 - 50 % of body | <input type="checkbox"/> Foot | <input type="checkbox"/> Neck |
| <input type="checkbox"/> All parts of body (more than 50% of body) | <input type="checkbox"/> Hand | <input type="checkbox"/> Pubic Region |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Head | <input type="checkbox"/> Shoulder (including clavicle, collarbone) |
| <input type="checkbox"/> Arm | <input checked="" type="checkbox"/> Head | <input type="checkbox"/> Toe |
| <input type="checkbox"/> Ear | <input type="checkbox"/> Internal (use with Aspiration and Ingestion) | <input type="checkbox"/> Torso |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Knee | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Eyeball | <input type="checkbox"/> Leg | <input type="checkbox"/> Not Recorded |
| <input type="checkbox"/> Face (including eyelid, eye area, and nose) | <input type="checkbox"/> Mouth | |
| <input type="checkbox"/> Finger | | |

Type of Injury (select up to two):

- | | | |
|--|---|--|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Object Swallowed |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Drowning | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Break, Fracture | <input type="checkbox"/> Electric Shock | <input type="checkbox"/> Puncture |
| <input checked="" type="checkbox"/> Bruising, Scratches | <input type="checkbox"/> Foreign Object Stuck In or On the Body | <input type="checkbox"/> Severe Bruising |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Internal Organ Injury | <input type="checkbox"/> Skin Tear, Skin Flap, Nail Detachment |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Lack of Oxygen | <input type="checkbox"/> Strain, Sprain |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Nerve Damage | <input type="checkbox"/> Other/Not Stated |
| <input type="checkbox"/> Dental Injury | <input type="checkbox"/> Object Inhaled | |
| <input type="checkbox"/> Dermatitis, Conjunctivitis, Skin or Eye Irritation/Rash | | |

Your relationship to this victim:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Self | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> My child | <input type="checkbox"/> My friend /neighbor / co-worker |
| <input type="checkbox"/> My parent | <input type="checkbox"/> My client, patient, student etc. (professional relationship) |
| <input type="checkbox"/> My spouse | <input type="checkbox"/> No relationship |

Victim's Gender: Male Female

Victim's age at the time of the incident: Years Months
 For children under age 3, provide the age in years and months

Victim is of Hispanic/Latino origin Yes No

Victim's Race: White Other
 Black/African American
 Asian
 American Indian/Alaska Native
 Native Hawaiian/Pacific Islander
 Unknown

Specify Other Race:

Victim's First Name: E-mail:

Victim's Last Name: Phone:

- The victim's address is the same as the incident address.
 Use the address below.

Victim's Address: Apt / Office / Suite:

City: State: Postal Code:

Country:

Tell Us About the Product

In order to investigate your report, CPSC needs to know about the product. Product identification found on labels or manuals is especially important. We ask that you fill in as much information as you can about the product.

*Product Category (select one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Clothing & Accessories | <input type="checkbox"/> Hobby | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Containers & Packaging | <input type="checkbox"/> Home Maintenance & Structures | <input type="checkbox"/> Toys, Kids, & Baby |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Yard & Garden |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Personal Care | <input checked="" type="checkbox"/> None of these |
| <input type="checkbox"/> Fuel, Lighters & Fireworks | <input type="checkbox"/> Products at Public Facilities | |
| <input type="checkbox"/> Furniture, Furnishings & Decorations | | |

*Product Description:

Important: Please write a description of the product, including the product name and any other information that will help us identify the product and purpose for which it is used.

Ford F450 4x4 wrecker.
 STATE & ANEL Local Police Towing
 OCEAN Recovery and Beach Recovery - Rotation

Brand Name: Ford

Model Name or Number: F450

Serial Number: 1DXF47R18E

Manufacturer/Private Labeler Name:

Date Manufactured (mm/dd/yyyy): 2008

Manufactured Date Code:

Manufacturer or Private Labeler Address: (if known)

Purchased From (Store Name or Internet site):

Nussbaum Wreckers

Retailer Location (State):

NAJ-

Purchase Date: (mm/dd/yyyy)

05/14/2010

Is this an Estimated Date? Yes No

More Important Questions About the Product

- I still have the product. Yes No N/A
 (Please try to keep the product for at least 30 days after submitting the report for CPSC's use.)
- The product was damaged before the incident. Yes No N/A
- The product was repaired before the incident. Yes No N/A
- The product was modified before the incident. Yes No N/A
- Have you contacted the manufacturer? Yes No N/A
- If not, do you plan to contact them? Yes No N/A

NOTE: The online form contains a section where you may upload pictures or similar documentation from your computer. You are encouraged to submit pictures of the product, its packaging, bar code or other identifying information.

Your Contact Information

Please provide your contact information below. Your name and contact information will never appear in the Public Database.

*First Name: [redacted] *Last Name: [redacted]

You must be 18 years old to submit a report. If you are not 18, please skip down the form and provide the contact information for your parent or guardian. CPSC will contact this person to verify this report.

- I am 18 years of age or older.
- My contact address is the same as the incident address.
- Use the address below.

*Address: [redacted] Apt / Office / Suite: [redacted]
 *City: Carolina Beach *State: NC *Postal Code: [redacted]
 *Country: United States
 E-mail: [redacted] Phone: [redacted]

Please provide a parent or guardian's information below only if you are younger than 18 years old.

First Name: [redacted] Last Name: [redacted]
 Phone: [redacted] E-mail: [redacted]
 Address: [redacted] Apt / Office / Suite: [redacted]
 City: [redacted] State: [redacted] Postal Code: [redacted]
 Country: [redacted]

Consent & Submit

Please let us know how you would like us to handle your report.

*May we include your report including any documents or photographs that you have attached to your report, but without your name and contact information, in CPSC's Public Database?

- Yes, you may include my report in the Public Database.
- No, do not include my report in the Public Database.

*May we release your name and contact information to the product manufacturer or private labeler?

- Yes, you may release my name and contact information to the product manufacturer or private labeler.
- No, do not release my name and contact information to the product manufacturer or private labeler.

*By signing this form I certify that the information provided in this report is true and accurate to the best of my knowledge, information, and belief.

[redacted signature]

Signature

9-6-2011

Date