

## INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

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|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   | <p><b>DOT Auto Safety Hotline</b><br/><b>Vehicle Owner's Questionnaire</b><br/>To Report Vehicle Safety Defects<br/>1-888-DASH-2-DOT<br/>(1-888-327-4236)<br/>INTERNET: <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a></p> |                                        | <p>FOR AGENCY USE ONLY 100148</p>                                                            |                            |
| <p><b>OWNER INFORMATION (Type or Print)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   | <p>Date Received<br/>14-JAN-2014</p>                                                                                                                                                                                                                 |                                        | <p>Repository <input type="checkbox"/></p>                                                   |                            |
| <p>Name <span style="background-color: black; color: black;">[REDACTED]</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | <p>Daytime Telephone Number <span style="background-color: black; color: black;">[REDACTED]</span></p>                                                                                                                                               |                                        | <p>Reference No.<br/>10559852</p>                                                            |                            |
| <p>Address <span style="background-color: black; color: black;">[REDACTED]</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | <p>Evening Telephone Number <span style="background-color: black; color: black;">[REDACTED]</span></p>                                                                                                                                               |                                        | <p>E-mail Address <span style="background-color: black; color: black;">[REDACTED]</span></p> |                            |
| <p>City GRANTS PAST</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>State OR</p>                                                                                                   | <p>Zip Code <span style="background-color: black; color: black;">[REDACTED]</span></p>                                                                                                                                                               |                                        |                                                                                              |                            |
| <p>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).</p>                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p><b>VEHICLE INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br/>1FTWW31R38E <span style="background-color: black; color: black;">[REDACTED]</span></p>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | <p>Make<br/>FORD</p>                                                                                                                                                                                                                                 | <p>Model<br/>F-350</p>                 | <p>Model Year<br/>2008</p>                                                                   |                            |
| <p>Date Purchased<br/>7-01-2010</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Dealer's Name and Telephone Number<br/>COURTESY FORD 503-255-1771</p>                                          |                                                                                                                                                                                                                                                      | <p>Engine:<br/>No: Cylinders<br/>6</p> | <p>Fuel Type:<br/>Diesel</p>                                                                 |                            |
| <p>Original Owner<br/><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Dealer's City<br/>PORTLAND, OREGON</p>                                                                         | <p>State<br/>OR</p>                                                                                                                                                                                                                                  | <p>Zip Code<br/>97230</p>              |                                                                                              |                            |
| <p>Transmission Type<br/>Auto</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><input checked="" type="checkbox"/> Antilock Brakes<br/><input checked="" type="checkbox"/> Cruise Control</p> | <p>Powertrain<br/>4 Wheel Drive</p>                                                                                                                                                                                                                  | <p>Multiple Failure:</p>               | <p>Incident Date(s)<br/>13-JAN-2014</p>                                                      |                            |
| <p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>Vehicle Component Code: 150000 SEAT BELTS</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        | <p>Failure Mileage<br/>55000</p>                                                             | <p>Failure Speed<br/>0</p> |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>Tire Make</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Tire Model (Name or Number)</p>                                                                                |                                                                                                                                                                                                                                                      | <p>Tire Size (Example P215/65R15)</p>  |                                                                                              |                            |
| <p>DOT No. (Example: DOTM19ABC036)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><input type="checkbox"/> Original Equipment<br/><input type="checkbox"/> Prior Repair</p>                      | <p>Failure Location:</p>                                                                                                                                                                                                                             |                                        |                                                                                              |                            |
| <p>Tire Component Code</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                      | <p>Tire Failure Type:</p>              |                                                                                              |                            |
| <p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>Make:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Date Manufactured:</p>                                                                                         | <p>Model No./Name:</p>                                                                                                                                                                                                                               |                                        |                                                                                              |                            |
| <p>Seat Type:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Installation System:</p>                                                                                       |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>Child Seat Component Code:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Failed Part:</p>                                                                                               |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p><b>APPLICABLE INCIDENT INFORMATION</b><br/>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>Crash<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Fire<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                               | <p>Number of Persons Injured<br/>0</p>                                                                                                                                                                                                               | <p>Number of Deaths<br/>0</p>          | <p>Reported to Police<br/>N</p>                                                              |                            |
| <p>Narrative Description of Incident(s), Crash(es), and Injury(ies).<br/>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).</p>                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>TL* THE CONTACT OWNS A 2008 FORD F-350. THE CONTACT STATED THAT THE REAR MIDDLE SEAT BELT WAS BROKEN. THE CONTACT TOOK THE VEHICLE TO THE DEALER BUT NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 55,000.</p> <p>The SEAT belt was likely damaged or defective before I purchased the vehicle. it went undiscovered for 2 1/2 years as no person has used the back seat in the vehicle until recently and I was made aware</p>                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |
| <p>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 to 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.</p> |                                                                                                                   |                                                                                                                                                                                                                                                      |                                        |                                                                                              |                            |