



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

03-AUG-2015

Repository ☐

Reference No.
10745943

OWNER INFORMATION (Type or Print)

Name

Address

City ORANGEVILLE

State IL

Zip Code

Daytime Telephone Number

E-mail Address

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

1FTRX1AL3YN

Make

FORD

Model

F-150

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

8

GAS

Original Owner

☐

Dealer's City

KANSAS CITY Mo.

State

Zip Code

Transmission Type

AUTO

☐ Antilock Brakes

☐ Cruise Control

Powertrain

4X4

Multiple Failure:

BOTH AIR BAGS

Incident Date(s)

01-AUG-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage

Approx 200,000

Failure Speed

10

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: DOTM9ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

0

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 2000 FORD F-150. WHILE DRIVING AT APPROXIMATELY 10 MPH, THE FRONT DRIVER AND PASSENGER SIDE AIR BAGS DEPLOYED AND EMITTED A WHITE SUBSTANCE THAT FILLED THE INTERIOR OF THE VEHICLE. THE CONTACT SUSTAINED BRUISING TO BOTH ARMS. THE CONTACT ALSO STATED THAT THE RIGHT HAND HAD NUMBNESS FROM EXPERIENCING THE FORCE OF THE AIR BAG DEPLOYMENT. IN ADDITION, THE CONTACT'S BREATHING AND VISION WERE IMPACTED WHEN THE WHITE SUBSTANCE FILLED THE VEHICLE. MEDICAL ATTENTION WAS REQUIRED. A POLICE REPORT WAS NOT FILED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS NOT AVAILABLE.

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

WHILE TRYING TO PULL A STUMP IN MY YARD
WITH NO MORE THAN 3FT OF CHAIN AS I PULLED
FORWARD AND CAME TO A STOP BOTH AIR BAGS
DEPLOYED WITH ONLY A SMALL JERK
I HAVE DONE THIS NUMEROUS TIMES WITH
OTHER VEHICLES AND HAVE NEVER EXPERIENCED
A AIR BAG DEPLOYMENT. I GOT A REPAIR ~~ESTIMATE~~
AND MULTI POINT INSPECTION WITH NO DIAGNOSES ESTIMATE
ATTACH ADDITIONAL SHEETS IF NECESSARY FOR FAILURE.

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

CAROL STREAM

IL 6001

21 SEP '15

PM 4 1



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



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