

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

U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire</b> 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 01-JUL-2019 JUL 16 2020	Repository <input type="checkbox"/>		
		Reference No. 11228785			
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
IRHMEN - TILUMAN	MINN				
<i>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).</i>					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
		FORD	F-350 SD	2011 2019	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
	MANKATO FORD		No: Cylinders	GAS	
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code		
	MANKATO	MINN	5601		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
AUTO	<input type="checkbox"/> Cruise Control			30-JUN-2019	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Code: 140000 AIR BAGS			Failure Mileage	Failure Speed	
			5000	55	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:			
	<input type="checkbox"/> Prior Repair				
Tire Component Code			Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police	
		2		Y	
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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 OWNED A 2011 FORD F-350 SD. THE CONTACT STATED THAT WHILE DRIVING AT 55 MPH, THE CONTACT FELL ASLEEP BEHIND THE WHEEL CAUSING THE VEHICLE TO HIT A CURB, WENT OVER A HILL AND INTO THE GROUND, CAUSING THE VEHICLE TO ROLL OVER 2 TIMES. NO AIRS BAGS DEPLOYED. THE PASSENGER SUSTAINED A FRACTURED RIGHT FOOT, BRUISED SHOULDERS AND PELVIC BONE. THE CONTACT SUSTAINED MINOR INJURIES TO HIS CHEST. THERE WAS A POLICE REPORT FILED. THE PASSENGER WAS TAKEN TO ST. JAMES MEDICAL CENTER WHERE SHE WAS TRANSFERRED TO MANKATO CLINIC WICKERSHAM HEALTH CAMPUS CLINIC HEALTH SYSTEM WHERE THEY ARE CURRENTLY UNDER MEDICAL CARE. THE VEHICLE WAS TOWED BY THE POLICE TO A LOT WHERE THE DAMAGES WERE UNKNOWN. THE FAILURE MILEAGE WAS 5,000.					
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.					

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

THE DRIVER FELL ASLEEP AND THE TRUCK WENT UP AND MOVED  
DOWN ON THE FRONT END AND THE FLIPPED AND ROLLED ONTO  
DRIVERS SIDE. THE AIR BAGS ON THE STEERING WHEEL AND  
~~DRIVERS~~ PASSENGER SIDE NEVER DEPLOYED. WHAT IS CRUCIAL IN THIS  
WHOLE ACCIDENT IS THE BLACK BOX OUR EXPERT SAID IT ONLY RECORDS  
3 INCIDENTS AND THEN STARTS OVER ~~WASTING~~ WASTING THEM  
WHY WOULD YOU EVER WASTE THE FIRST COUPLE OF HITS THAT  
IS MONUMENTAL AND SHOULD BE JUDICIAL NOW WE CAN'T SEE WHAT  
SHOULD OF HAPPENED

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
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POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NEF-100  
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](http://www.safercar.gov)**

**or call:  
Vehicle Safety Hotline  
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

