Form Approved: O.M.B. No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received: 29-MAR-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 859409

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTRX18L2XKB37494	FORD TRUCK	F150	1999	

Purchase Date: ☒ New ☐ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____ No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	28-MAR-2000 / 145000 /	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE REAR ENDED ANOTHER VEHICLE AT 10 MPH, CAUSING BOTH AIR BAGS NOT TO DEPLOY. DEALER/MANUFACTURER WERE NOT CONTACTED AT THIS TIME.*AK

CONTINUED ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received: 00 MAY -2 PM 2:43
29-MAR-2000
OFFICE OF DEFECTS INVESTIGATION

Od_ot
rt_dt
od_rt
up_ltr

Reference No. 859409

OWNER INFORMATION (Type or Print)

[redacted]

Work Number
Home Numbe [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/12/00

VEHICLE INFORMATION

Vehicle Iden. No. (VIN.) (Location at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FTRX18L2XKB37494	FORD TRUCK	F150	1999	14506

Purchase Date 6/10/99 ☒ New ☐ Used
Dealer's Name Galpin Ford
City North Hills State Ca. Zip Code 91343
Engine Size (CID/CC/L 5.4 No Cylinders 8
☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☒ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Ut ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☒ Left ☒ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) 28-MAR-2000 Mileage at Failure(s) 145000 Vehicle Speed at Failure(s) Appox. 10 mph	Failed Part(s) Available? ☒ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	2663.87	☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE REAR ENDED ANOTHER VEHICLE AT 10 MPH, CAUSING BOTH AIR BAGS ~~NOT~~ TO DEPLOY. DEALER/MANUFACTURER WERE NOT CONTACTED AT THIS TIME.*AK

I have filed a complaint with Ford on 3/30/00. Copy of complaint enclosed. Also copy of Repair Est. Enclosed. The Est. calls for the windshield to be replaced. It was broken from something hitting it from the outside not from us hitting it from the inside. In this accident the only restraints needed were possibly seat belts.

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D	O	T											MANUFACTURER/TIRE NAME	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I am concerned of the safety of these air bags as to the owners manual it states that air bags can cause injury. the people at the body shop that Ford of Orange recommended were amazed the these air bags deployed. Also damage to the car that I rearended was minimal.

*U.S. Government Printing Office: 1995 — 653-330

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

SANTA ANA CA 92
PM
APR
2000

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

20530+0001

3/30/00

DEALER REQUEST FOR CONSUMER AFFAIRS REVIEW

FOR DEALER USE ONLY

Requesting Dealer: FORD OF ORANGE PACA: 00751 Region: ____

Contact Person: TIM McDONALD Phone Number: _____

New or Used: X Date of Purchase: 6-10-99 Year/Model: 99 F150 Mileage: 14506

VIN: 1FTRX18L2XKB37494

Customer: [redacted]

Address: [redacted]

Home Phone: [redacted]

Incident Involves: Accident: X Fire: ____ Warranty: ____ Sudden Acc: ____

Date of Incident: 3-28-00

If customer is alleging product defect, what type: S.I.R. PREMATUE DEPLOYMENT

Personal Injury? NO Was medical attention sought? _____

Was a police report filed where? NO

Has the insurance company been contacted? YES

What did the insurance company advise? _____

Name and phone of owner's insurance company agent's name: FARMERS - JOE RAFTER

If the vehicle is a conversion unit, name of the body builder: NO

Accident details (date, where, how, etc.): 3-28-00 3:30PM. ON FAIRVIEW S/B BETWEEN EDINGER & WARNER. MIDDLE LANE CARS ON BOTH SIDES AND BEHIND. TRAFFIC AHEAD STOPPED QUICKLY. IMPACTED CAR AHEAD APPROX 10MPH

What is the customer requesting? REPLACEMENT OF BOTH AIR BAGS UNDER WARRANTY - CUST FEELS AIR BAGS SHOULD NOT HAVE DEPLOYED WITH SUCH A MINOR IMPACT WITH SUCH LITTLE MONETARY DAMAGE.

IF NEEDED, PROVIDE ADDITIONAL COMMENTS ON A SEPARATE SHEET OF PAPER.

Fax to: (313) 446-9547 Or (313) 446-9547

PLEASE USE THIS SHEET AS ORIGINAL. NEED? PLEASE AS NEEDED

Date: 3/29/00 12:16 PM
Estimate ID: 832
Estimate Version: 0
Preliminary
Profile ID: Tropical

Tropical Auto Body, Inc
767 Hanton St. Orange, CA 92868
(714) 637-1740
Fax: (714) 637-8272

Damage Assessed By: GIGI MARIN

Deductible: UNKNOWN

Owner: [redacted]
Address:
Telephone:

Mitchell Service: 812623

Description: 1999 Ford Pickup F150 XL
Body Style: 2D PkupXCb 7' Bed 139" WB
VIN: 1FTRX18L2XKB37494
Color: BURG.

Vehicle Production Date: 3/99
Drive Train: 5.4L Inj 8 Cyl 4WD
License: [redacted]

Line Item	Entry Number	Labor Type	Operation	Line Item Description		Part Type/ Part Number	Dollar Amount	Labor Units
1	203024	BDY	OVERHAUL	FRT BUMPER ASSY				1.5
2	900500	REF *	REFINISH/REPAIR	PAINT UPPER FILLER		Existing		1.5*
3	203027	BDY	REMOVE/REPLACE	FRT BUMPER LICENSE BRACKET		XL3Z 17A386 AA	4.80	INC
4	203030	BDY	REMOVE/REPLACE	FRT BUMPER VALANCE PANEL		XL3Z 17626 BAA	150.00	INC
5	200204	MCH	REMOVE/REPLACE	AIR BAG SYSTEM DIAGNOSIS	-M			1.0
6	202858	MCH	REMOVE/REPLACE	AIR BAG MODULE-DRIVER SIDE	-M	XL3Z 15043B13 CCC	568.50	INC
7	200674	MCH	REMOVE/REPLACE	AIR BAG MODULE-PASSENGER SIDE	-M	XL3Z 15044A74 BBB	543.75	0.6
8	200675	MCH	REMOVE/REPLACE	AIR BAG CLOCKSPRING	-M	XL3Z 14A664 AA	41.75	1.0
9	200214	MCH	REMOVE/REPLACE	R AIR BAG SENSOR	-M	F65Z 14B004 AC	62.00	0.5
10	200215	MCH	REMOVE/REPLACE	L AIR BAG SENSOR	-M	F65Z 14B005 AC	66.56	0.5
11	200549	GLS	REMOVE/REPLACE	W/SHIELD GLASS		F65Z 1503100 AA	522.15	2.8 #
12	933002	REF	ADD'L OPR	CLEAR COAT				0.5*
13	933003	REF	ADD'L OPR	TINT COLOR				0.5*
14	AUTO		ADD'L COST	PAINT/MATERIALS			50.00 *	

* - Judgement Item
\# - Labor Note Applies

ESTIMATE RECALL NUMBER: 3/29/00 12:16:11 832

Mitchell Data Version: MAR_00_A

Date: 3/29/00 12:16 PM
Estimate ID: 832
Estimate Version: 0
Preliminary
Profile ID: Tropical

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
Body	1.5	30.00	0.00	0.00	45.00
Refinish	2.5	30.00	0.00	0.00	75.00
Glass	2.5	30.00	0.00	0.00	75.00
Mechanical	3.6	55.00	0.00	0.00	198.00
Non-Taxable Labor					393.00
Labor Summary	10.1				393.00

II. Part Replacement Summary			Amount
Taxable Parts			2,057.63
Sales Tax	@	7.750%	159.46
Total Replacement Parts Amount			2,216.99

III. Additional Costs			Amount
Taxable Costs			50.00
Sales Tax	@	7.750%	3.88
Total Additional Costs			53.88

IV. Adjustments	Amount
Customer Responsibility	0.00

I.	Total Labor:	393.00
II.	Total Replacement Parts:	2,216.99
III.	Total Additional Costs:	53.88
	Gross Total:	2,663.87
IV.	Total Adjustments:	0.00
	Net Total:	2,663.87

<u>This is a preliminary estimate.</u>
<u>Additional changes to the estimate may be required for the actual repair.</u>

ESTIMATE RECALL NUMBER: 3/29/00 12:16:11 832

Mitchell Data Version: MAR_00_A