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

DOT Auto Safety Hotline

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

SECRETARY
02 JAN 27 PM 5:17
OFFICE OF DEFECTS INVESTIGATION

Date Received	Repository
17-DEC-2002	
Reference No. 10001058	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City MEBANE	State NC	Zip Code [redacted]	Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 01/13/03

VEHICLE INFORMATION

	Make	Model	Model Year
[redacted]	FORD	EXPLORER SPORT	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
7/4/2002	CAPITAL FORD, INC 919-790-4600	6	GASOLINE

Original Owner	Dealer's City	State	Zip Code
☒	RALEIGH	NC	27658

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR-WHEEL DRIVE	220000 SEATS
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-NOV-2002		45	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	2	0	YES

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).

VEHICLE WAS STOPPED IN TRAFFIC AND THEN REAR-ENDED BY ANOTHER CAR TRAVELING APPROXIMATELY 45MPH. BOTH THE FRONT DRIVER AND PASSENGER SEATS BROKE AND COLLAPSED BACKWARD. TS

SEVERE KNEE INJURIES OCCURRED TO DRIVER WHEN HE WAS THROWN BACK AND KNEES HIT DASH/STEERING COLUMN.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY