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

2003 JUN -4 AM 9:39

FOR AGENCY USE ONLY 100145

Date Received	Repository ☐
	Reference No. 10001786

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]		
City: IRMO	State: SC	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 5/19/03

VEHICLE INFORMATION

[redacted]	Make: FORD	Model: EXPLORER	Model Year: 1995

Date Purchased: 8-1998	Dealer's Name and Telephone Number			Engine: No: Cylinders 6	Fuel Type: Unleaded Reg.
Original Owner ☐	Dealer's City: Evansville	State: WI	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Vehicle Component Code: 151000 SEAT BELTS:FRONT
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-OCT-2002	120000		Driver's Seat Frame - broke Due to Extra Whole cut out of Frame. (See below)

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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	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).

WHILE LEANING BACK TO BUCKLE SEAT BELT THE BACK OF THE SEAT COLLASPED. DEALER WAS CONTACTED. PLEASE PROVIDE ADDITIONAL INFORMATION.

The Extra whole was punched out below the Belt whole. This weakens the Frame. See Included Pictures. Cost to Repair $150.00

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 a decision enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.