



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 100079

Date Received: FEB 01 2003 8:36
OFFICE

Repository
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OWNER INFORMATION (Type or Print)

DEFECTS INVESTIGATION

Name: [Redacted]
Address: [Redacted]
City: BURLINGTON State: MA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: SAME

E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized name or address to the vehicle manufacturer. YES NO
Signature of Owner: [Redacted] Date: 2/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1FMDU35P1VZA10261
Make: ~~CHEVROLET~~ FORD
Model: EXPLORER
Model Year: 1997
Date Purchased: [Redacted]
Dealer's Name and Telephone Number: NORTH SHORE LINCOLN/MERCURY
Original Owner:
Dealer's City: REAROCKY State: MA Zip Code: [Redacted]
Engine: V-8
Fuel Type: GAS
Transmission Type: AUTO
 Antilock Brakes
 Cruise Control
Powertrain: 4-Wheel
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 03-JAN-2003
Failure Mileage: 22,000
Failure Speed: 0-5 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM4L9ABC036): [Redacted] Original Equipment Prior Repair
Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: [Redacted] Number of Deaths: [Redacted] 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).

CONSUMER STATED THE VEHICLE EXPERIENCED SUDDEN ACCELERATION, AND HAD NO CONTROL OF THE VEHICLE, WHICH RESULTED IN CONSUMER HITTING ANOTHER VEHICLE. *JB

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.