Form Approved O.M.B. No. 2127-0004

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

2004 SEP 14 AM 9:50

FOR AGENCY USE ONLY 100092	
Date Received: 25-MAR-2003	Repository ☐
	Reference No.: 10009865

OWNER INFORMATION (Type or Print)

Name			
Address			
City: PICAYUNE	State: MS	Zip Code	

Daytime Telephone Number: 999 999 9999
Evening Telephone Number:
E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an au[illegible]de your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 8/9/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMZU64E82L	FORD	EXPLORER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-OCT-02	FORD LINCOLN MERCURY			No. Cylinders	gas
Original Owner ☑	Dealer's City: SLIDELL	State: LA	Zip Code		

Transmission Type			Vehicle Component Code
Auto	☐ Antilock Brakes ☒ Cruise Control	Powertrain: UNKNOWN	162610 STRUCTURE:BODY:HATCHBACK/LIFTGATE:HINGE AND ATTA
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-OCT-2002	less than 12,000	-0-	

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: DOTMAL9A8C036)	☐ 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	1		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 CLOSING THE REAR LIFT GATE, THE ENTIRE GLASS PORTION HAD EXPLODED. THE CONSUMER DISCOVERED THAT THERE WAS A RECALL AND WAS NEVER NOTIFIED. (RECALL#011010000) THE CONSUMER REQUESTED REIMBURSEMENT. SCC PE04045.PCD

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.