



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 252

Date Received

2003 AUG - 1 PM 1:28
27-MAY-2003

Repository ☐

Reference No.
10021660

OWNER INFORMATION (Type or Print)

Name

Address

City

TUCSON

State AZ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Date / /

VEHICLE INFORMATION

Make
FORD

Model
EXPLORER

Model Year
2002

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

034530 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-MAY-2003

Failure Mileage

Failure Speed

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: DOTM15ABC036)

☐ 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), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

N

☐ Yes ☒ No

☐ Yes ☒ No

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).

WHEN THE CONSUMER APPLIED THE BRAKES THE PEDAL WENT ALL THE WAY TO THE FLOOR. *NLM

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 Administration 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.



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**DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECTS**
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

Od_or

rt_dk

oil_rt

up_lr

Reference No.

OWNER INFORMATION (Type or Print)

Name

Street

City

State

Daytime Telephone Number

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

Date ____/____/____

PRODUCT INFORMATION

Vehicle Identification No. (VIN.)
(17 Digits)(Located at bottom of
windshield on driver's side)

Make

Model

Year

1 F M Z U 6 7 E 8 2 4 B 7 9 3 2 9

Ford

Sport
Trac

02

Purchased Date

Dealer's Name

1-5-03

Jim Click Ford

Engine Size
(CID/CYL)☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☐ New ☐ Used

Dealer's City

Tucson

State

AZ

Zip Code

857

No. Cylinders

Manufacture Date
(on driver's door or pillar)

Transmission Type

☐ Manual☒ Automatic

Restraint System

☐ Driver's Air Bag☐ Motorbelt☐ Passenger's Air Bag☐ 2-Point Belt☐ 3-Point Belt

Cruise Control

☐ Yes☐ No

Drivetrain

☐ Front☐ Rear☐ 4-Wheel

Vehicle Type

☐ Car☒ Sport Utility☐ Van☐ Truck☐ Minivan☐ Motorcycle☐ Other

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)

Brakes

Location

☒ Left☐ Front☒ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

Handicap Adaptive Equip

☐ Yes☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand

Tire Name

Complete Tire Size

DOT No.

No. of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s)

(1/15/02) (12/23/02) (5/20/03)
5498 (1149) 217 (107)

Failed Part(s)

Available?

☐ Yes ☐ No

NHTSA Previously

Contacted?

☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Fatalities

Reported to Manufacturer

☒ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

While driving we applied Brakes 7/15/02 seem to have fall apart as what I heard

12/23/02 While driving on Vacation in Chandler, AZ Road was icy husband applied the Brakes same thing happened

5/20/03 When Road closed the Brakes Because they were making noise while checking Brake Pedal were checked

The Privacy Act of 1974 - Public Law 93-578 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free or fax to 202-368-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

*None. We have enclosed copies of all
service records and what was replaced.*

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Complete and return or place in your car manual for future use

**VEHICLE
OWNER'S
QUESTIONNAIRE
(V00Q)**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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(DASH) 2 DOT



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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**