



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 100147

Date Received

2004 APR 20 AM 10:36
02-MAR-2004

Repository ☐

Reference No.
10061106

OWNER INFORMATION (Type or Print)

Name

Address

City

LOS ANGELES

State

CA

Zip Code

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 a signature, NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 03/19/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

FORD

Model

EXPLORER

Model Year

2004

Date Purchased

01-28-2004

Dealer's Name and Telephone Number

3000 Ford (823) 586-8072

Engine

No. Cylinders

Fuel Type:

Original Owner

1

Dealer's City

Huntington Park

State

CA

Zip Code

90255

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021000 SUSPENSION:FRONT

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

15-OCT-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 P215/65R16)

DOT No. (Example: DOTM16ABC036)

☐ 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 DRIVING AT ANY SPEED VEHICLE VIBRATED HEAVILY. CONSUMER HAD MADE CONTACT WITH THE DEALER ON THREE SEPARATE OCCASIONS. BUT, MECHANIC WAS UNABLE TO DUPLICATE THE PROBLEM, WHICH STILL EXISTS. *AK

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.

Narrative Description of Incident

Crash(es), and Injury(ies)

Motor is still shaking. Problem as not
stop. The dealer close not what
to help me. I need help to solve this
problem.

Thank You

Owner of vehicle

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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, NVS-216
400 7th Street, SW
Washington, DC 20590

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IF MAILED
IN THE
UNITED STATES



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(DASH) & DOT

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and dial toll free at

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

**VEHICLE
OWNER'S**

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