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 1367

Date Received: 15-MAR-2004 (2004 APR 23 AM 9:02)
Repository ☐
Reference No.: 10063274

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City ELIZABETH | State PA | Zip Code [redacted]
[redacted] Number | E-mail Address
[redacted]

Do you authorize [redacted] manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of [redacted] your name or address to the vehicle manufacturer.
Signature of Own[redacted] Date 4.15.04

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
1FMZU73E02UA17593	FORD	EXPLORER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
02-APR-01	John MORGAN Ford Inc			No. Cylinders	GAS
Original Owner ☒	Dealer's City: MOUNT PLEASANT	State: PA	Zip Code		

Transmission Type	Antilock Brakes	Powertrain	Vehicle Component Code
AUTOMATIC	☒ Cruise Control	4 WHEEL DRIVE	103000 POWER TRAIN:AUTOMATIC TRANSMISSION
			Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
02-OCT-2001	5000	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: DOTMALBABC036)	☐ 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	0	0	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).

ON 3 SEPARATE OCCASIONS TRANSMISSION SLIPPED AND JUMPED OUT OF GEAR. DEALERSHIP CHANGED SEVERAL PARTS IN THE TRANSMISSION. THE CONSUMER WAS NOT SURE WHAT PARTS WERE REPLACED.*AK

(4) MARCH 17, 2004 Repaired (Reprogramed Transmission)

April 2, 2004
Transmission Starting To Slip (Warranty Expired)

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.