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 100192

Date Received	Repository ☐
29-OCT-2004 2004 NOV 22 AM 8:54	Reference No. 10099053

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City BAYVILLE	State NJ	Zip Code

Do you consent to report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the event that NHTSA receives a request under the Freedom of Information Act, DOT provide your name or address to the vehicle manufacturer.
Signature Date 11/19/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMZU64K63U	FORD	EXPLORER	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
1-2-03	Toland Ford			No. Cylinders	Gas
Original Owner ☒	Dealer's City BLUFFTON	State S.C.	Zip Code 29910		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	110000 ELECTRICAL SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-OCT-2004	4000		

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: DOTMALSABC036)	☐ 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			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).

THE VEHICLE WAS BRAND NEW AND THERE WAS RUSTING AROUND THE WINDSHIELD, THE POWER DOORS AND THE SEATS WERE NOT WORKING. THERE WAS A PROBLEM WITH THE CRUISE CONTROL AS WELL. PROVIDE FURTHER DETAILS. *JB
5 WINDSHIELDS HAVE BEEN REPLACED AS OF CONSTANT LEAKING AND MOONROOF AND HEADLINER. POWER DOORS DO NOT WORK ALL THE TIME. WHEN IT RAINS WE HAVE ELECTRICAL PROBLEMS. THIS HAS BEEN ON GOING PROBLEM FROM APRIL 2003.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY