



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100248

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

Date Received
DEC 29 AM 11:19
03-DEC-2004

Repository
Reference No.
10102062

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City COLUMBIA State SC Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of your signature, this report will be sent to the vehicle manufacturer.
Signature of Owner [Redacted] Date 12/14/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located on windshield on driver's side) 1FMDV73626Y [Redacted] Make FORD Model EXPLORER Year 2004

Date Purchased [Redacted] Dealer's Name and Telephone Number [Redacted] Engine: No. Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City [Redacted] State [Redacted] Zip Code [Redacted]

Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 13000 VISIBILITY/WINDSHIELD WIPER/WASHER Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-NOV-2004 Failure Mileage [Redacted] Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/B5R15) [Redacted]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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 0 Number of Deaths 0 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).

WINDSHIELD WIPERS WORKED INTERMITTENTLY, MAKING THE VISIBILITY IN THE RAIN DIFFICULT. DEALER WILL REPAIR VEHICLE FOR \$630.00. *AK

431.00

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.