(8)

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 100222

Date Received	Repository ☐
16-DEC-2004	Reference No. 10104984

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address			925-462-9132	
City PLEASANTON	State CA	Zip Code	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 auth[illegible] NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1.4.05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMDU63W62Z	FORD	EXPLORER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
1/03	CODIROLI AUTO GROUP			No. Cylinders	
Original Owner ☒	Dealer's City LIVERMORE	State CA	Zip Code 94551	8	Gas

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	162610 STRUCTURE:BODY:HATCHBACK/LIFTGATE:HINGE AND ATTA Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-OCT-2004	21000		

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 PARTS HAVE NOT COME IN FOR THE LIFTGATE REAR GLASS BRACKETT NHTSA RECALL 04V442000. MANUFACTURER DOES NOT KNOW WHEN THE PARTS WILL BE MADE AVAILABLE. *AK

SAFETY RECALL NOTICE FROM FORD STATED PARTS WOULD BE AVAILABLE LATE NOVEMBER 2004.

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