



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 ☐

2005 FEB 22 15:25

Reference No.
10113096

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CLIFFSIDE PARK State NJ 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 an owner's signature, DOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 02/21/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMZU70E53L [REDACTED] Make FORD Model EXPLORER Model Year 2003
Date Purchased 01/20/2003 Dealer's Name and Telephone Number All American Ford 201-487-6700
Original Owner ☒ Dealer's City Hackensack State NJ Zip Code [REDACTED] Engine: No: Cylinders 6 Fuel Type: Gas
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain 4 WHEEL DRIVE
Vehicle Component Code 132000 VISIBILITY:GLASS, SIDE/REAR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-FEB-2005 Failure Mileage 16000 Failure Speed 25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
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(es).)

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(es).

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).

OWNER WAS DRIVING ON A RESIDENTIAL STREET AT APPROXIMATELY 25 MPH WHEN WITHOUT WARNING THE REAR GLASS SHATTERED. OWNER CONTACTED THE MANUFACTURER AND WAS INFORMED THAT DUE TO THE VIN, THIS VEHICLE IS NOT INCLUDED IN THIS RECALL. PROVIDE FURTHER DETAILS. *NM

Manufacturer states recall only applies to 4 door model Not 2 door model I own.

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.