



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 1220

Date Received

Repository ☐

04 MAR 2005

Reference No.

10113425

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **ROCKFORD** State **MI** Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

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 authorization, NHTSA WILL NOT include your name or address to the vehicle manufacturer.

Signature of Owner [REDACTED] Date **3/29/05**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **1FMZU74K62U** [REDACTED] Make **FORD** Model **EXPLORER** Model Year **2002**
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No. Cylinders [REDACTED] Fuel Type: [REDACTED]
Original Owner ☒ Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type ☒ Automatic Brakes ☒ Antilock Brakes Powertrain [REDACTED] Vehicle Component Code **102610 STRUCTURE:BODY:HATCHBACK/LIFTGATE:HINGE AND ATTACHMENT**
AUTOMATIC ☒ Cruise Control Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **01-OCT-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 P215/65R15) [REDACTED]
DOT No. (Example: DOTM18ABC036) [REDACTED] ☐ 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 [REDACTED] Number of Deaths [REDACTED] 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).

CONSUMER RECEIVED RECALL 04V442000 IN OCTOBER OF 2004 REGARDING THE LIFTGATE. SHE CONTINUED TO CONTACT FORD DEALER AND MANUFACTURER. RECALL REPAIRS HAD NOT BEEN PERFORMED AS OF YET BECAUSE THERE WERE NO PARTS. *AK

9/29/05 Nothing has occurred - however - Oct 2004. I received recall 04520 that glass in lift gate was not safe to open (ok to lift liftgate) was to have been fixed by Nov 2004. I have called Keller Ford & also Ford & to date nothing. Obviously, Ford is not too concerned about customer safety & I seem to have no recourse.

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.

J. Thomas