



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 241

Date Received

01-APR-2005 MAY 13

Repository Being

ADD BY STATE FARM

INSURANCE

Reference No. UNTIL June 1, 05

10117279

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City HILLSBORO State OH Zip Code 45133

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 _____ your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 5/2/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FMDU74W74U [REDACTED]
Make FORD Model EXPLORER Model Year 2004
Date Purchased 10-APR-04 Dealer's Name and Telephone Number BEECHMONT FORD
Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City CINCINNATI State OH Zip Code 45245
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE
Vehicle Component Code 141000 AIR BAGS:FRONTAL DRIVER, PASSENGER & SIDE AIR CANOPIES WERE IN THIS CAR.
Multiple Failure: 1 Side air Canopies failed and drivers air bag failed to deploy.

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 25-MAR-2005 Failure Mileage 13722 Failure Speed 50

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: DOTM9ABC036) 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 Yes No Fire Yes No Number of Persons Injured 2 Number of Deaths 0 reported to Police Y

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).

WHILE DRIVING 50 MPH VEHICLE IN FRONT OF CONSUMER'S VEHICLE HIT ANOTHER VEHICLE, BOUNCED OFF THAT VEHICLE AND HIT CONSUMER'S VEHICLE. THE IMPACT CAUSED CONSUMER'S VEHICLE TO AIR BORNE SEVERAL FEET IN THE AIR, FLIP OVER SEVERAL TIMES, AND LAND ON IT RIGHT SIDE. UPON IMPACT, DRIVER'S FRONTAL AIR BAG FAILED TO DEPLOY. CONSUMER SUSTAINED INJURIES WAS TRANSPORTED BY AMBULANCE TO THE LOCAL HOSPITAL FOR OBSERVATION. CONSUMER WAS LATER RELEASED WITH MINOR CUTS AND BRUISES. *AK
Information is incorrect Consumer was hit head on by another driver that was heading south, went left of center, hitting consumer who was headed north causing her to go airborne, flipping, rolling and landing on passenger side. Actual and accurate information can be received through State Highway Patrol, crash report # 14-0311-14, location Clinton County, Ohio, Rt. 73.

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 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.