



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

MAY 20 AM 9:
17-MAY-2005

Reference No.
10121155

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City MARBLE HILL State MO Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 5/13/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
4A1P27215041 [Redacted]

Make VEYUR23-T Model ENDEAVOR Model Year 2004

Date Purchased 15-JUL-04 Dealer's Name and Telephone Number Bull Shell 573 332-0407 Engine: No. Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City Cape Girardeau State MO Zip Code 63701

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain UNKNOWN Vehicle Component Code 162600 STRUCTURE;BODY:HATCHBACK/LIFTGATE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-APR-2005 Failure Mileage 30000 Failure Speed

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: 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), condition(s) and injury(s).)

Crash Yes No Fire Yes No Number of Persons Injured Number of Deaths 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).

WHEN THE CONSUMER CLOSED THE LID BACK GLASS IT SHATTERED IN HER HANDS. *JB
After lifting luggage from open glassed area & upon closing glass door, the glass shattered in my hands & 1 piece flew into person's mouth. There was no excess pressure applied to glass & no temperature change. Nearby person stated "what just happened?" I was unexpectedly without a back glass & numerous sensors & secure vehicles. As of 4/7 back glass has not been replaced there to

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Ford's Toyota not ordering glass upon 1st request.

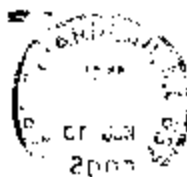
ATTACH ADDITIONAL SHEETS IF NECESSARY

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of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73178 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

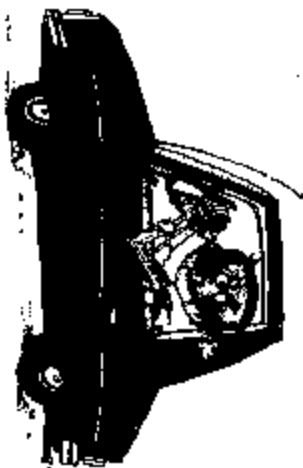
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

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and dial toll free at

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