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 100148

Date Received 2005 OCT 20 21-SEP-2005

Repository ☐

Reference No. 10137219

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City FORT VALLEY State GA Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

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

Signature of Owner ______ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
1FALP5Z[redacted]	FORD	EXPLORER	1996

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
01-FEB-2001 7-21-01	AUTO EXPERTS		No: Cylinders 6	Gas
Original Owner ☐	Dealer's City ALFARETTA	State GA	Zip Code	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	110000 ELECTRICAL SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~06-FEB-2005~~ 2-3-05			

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: DOTMAL9ABC036)	☐ 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

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0		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).

DT: CONTACT STATED IN 02-05 THE CAR STARTED SMOKING WHILE DRIVING. THE CONSUMER PULLED OVER AND THERE WAS A FIRE UNDER THE HOOD. THE CAR WAS DESTROYED. THE FIRE DEPARTMENT WAS CALLED. THE CONSUMER REPORTED OF HAVING NO PROBLEMS WITH THE CRUISE CONTROL PRIOR TO THIS HAPPENING. THE CONSUMER WAS UNABLE TO DETERMINE WHAT MAY HAVE CAUSED THE FIRE. HE WAS NOT SURE IF IT WAS ELECTRICAL OR CAUSED BY THE VEHICLE SPEED CONTROL:CRUISE CONTROL. *AK

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

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

I DIdN'T HAVE FIRE INSURANCE ON MY VEHICLE

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department 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 73179 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

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

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(DASH) 2 DOT

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Fort Valley Fire Dept
FIRE REPORT

SIGNAL

DATE: 2/3/05

1. HOUSE

FIRE NUMBER: 31

2. GRASS

RECORDED BY: [redacted]

3. CAR x

TIME OF CALL: 15:41

4. OTHER

PERSONNEL: Simmons, Dunn

FIRE INFORMATION

OWNERS NAME: [redacted]

OWNERS PHONE: [redacted]

RENTERS NAME:

RENTERS PHONE:

STREET ADDRESS: [redacted]

REPORTED BY: 911

CAUSE OF FIRE: 10-70 Car

OF PERSONNEL RESPONDING TO CALL: 13

OF VEHICLES RESPONDING TO CALL: 2

OF FIRE PERSONNEL INJURED: 0

TYPE OF STRUCTURE

1.HOUSE

2.BUSINESS

3.VEHICLE x

4.OTHER

VEHICLE LICENSE # [redacted]

VIN#: 1FMDU32X6[redacted]

FOR FURTHER INFORMATION PLEASE CALL (478) 825-5190

WE DO NOT GIVE ESTIMATES OF DAMAGE