



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 PM 3:19
26-SEP-2005

Repository

Reference No.
10137967

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: GUTTENBERG State: IA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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 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: 1FMZU73K [REDACTED] Make: FORD Model: EXPLORER Model Year: 2005
Date Purchased: 01-AUG-05 Dealer's Name and Telephone Number: BROWNS SALES AND LEASING 563-262-1611 Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: GUTTENBERG State: IA Zip Code: 52052
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 180000 VEHICLE SPEED CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 10-AUG-2006 Failure Mileage: 200 Failure Speed:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P216/55R16): _____
DOT No. (Example: DOTM19ABC036) 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 accident(s), failure(s), crash(es), and injury(ies).)

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).

DT: THE CONTACT OWNS A 2005 FORD EXPLORER. WHEN STEPPING ON THE ACCELERATOR THERE IS A DELAY OF 3-5 SECONDS BEFORE ONE FEELS ANY ACCELERATION. THE CONTACT NOTICED THIS AFTER HE BOUGHT THE CAR IN 8-06. HE TOOK IT TO THE DEALER, AND THEY AGREED WITH HIM. THEY GRABBED ANOTHER 2005 FORD EXPLORER AND IT DID THE SAME THING. THE DEALER CALLED FORD, AND FORD SAID THEY KNEW ABOUT THIS, AND THEY ALLOWED THE TRANSMISSION TO SHIFT BEFORE IT ACCELERATED. THEY WILL NOT ALLOW THE DEALERSHIP TO CHANGE THIS. IT HAPPENED WITH THE CRUISE CONTROL ON OR OFF. IT HAPPENS AT ANY SPEED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

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.

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).