



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 NOV -2 PM 2:50
04-OCT-2005

Repository ☐

Reference No.

10138548

OWNER INFORMATION (Type or Print)

Name

Address

City

FORT WAYNE

State IN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FMZU72E3ZU

Make

FORD

Model

EXPLORER

Model Year

2002

Date Purchased
19-APR-02

Dealer's Name and Telephone Number

DIMENSION FORD NORTH (260) 482-4228

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

FORT WAYNE

State

IN

Zip Code

46805

Transmission Type

☒

Antilock Brakes

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

150000 SEAT BELTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-MAY-2002

Failure Mileage

Failure Speed

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: 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 incident(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).

WEAR

DT: 2002 FORD EXPLORER. ON VEHICLE THE SHOULDER HARNESS ON THE DRIVER AND PASSENGER SIDE STUCK THROUGH THE PLASTIC TRIM ON THE PILLAR, AND IT CAUSED THE EDGE OF THE SEAT BELTS TO FRAY. DEALERSHIP REPLACED THE SEAT BELT AND TRIM, AND IT RECURRED WITHIN A FEW WEEKS. CONTACTED THE DEALERSHIP, AND CURRENTLY VEHICLE WAS OUT OF WARRANTY. WHEN THE EDGES OF THE SEAT BELT FRAYED THE CONSUMER WAS CONCERNED THAT THE SEAT BELT WILL TEAR ALL THE WAY. *AK

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.