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	Repository
2006 MAR -6 PM 2:42	
13-MAR-2006	Reference No. 10152558

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: WEATOGUE	State: CT	Zip Code:	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 e-mail address, we may provide your address to the vehicle manufacturer.
Signature of Owner _____ Date 3/23/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMZU73K	FORD	EXPLORER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine	Fuel Type
01-SEP-02	WAGNER FORD 860-658-0471			No. Cylinders: 6	Gas
Original Owner ☒	Dealer's City: SIMSBURY	State: CT	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-NOV-2005 22-Oct-2004	45858 27167		solenoid body in transmission (both times)

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: DOTMALBABC0361)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 STATED WHILE SHIFTING GEARS, THE AUTOMATIC TRANSMISSION MADE A CLUNKING NOISE AND THE VEHICLE DISPLAYED A JERKING MOTION. THE VEHICLE WAS SEEN BY A DEALER AND THE SOLENOID HOUSING OF THE AUTOMATIC TRANSMISSION WAS REPLACED. AFTERWARDS, THE PROBLEM PERSISTED AND THE SOLENOID HOUSING WAS AGAIN REPLACED BY THE DEALER.
Delay when shifting gears - then slams into gear. This occurs even when moving at automatically shifting gears, causing unexpected jerking and erratic movement when moving in traffic.

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

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).