



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 ☐

25-APR-2006

Reference No.
10156066

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City REDDING State CT Zip Code [REDACTED]

Daytime Telephone Number

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 [REDACTED] Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMDU75W6 [REDACTED] Make FORD Model EXPLORER Model Year 2002
Date Purchased 01-MAY-02 Dealer's Name and Telephone Number COLONIAL FORD 203-748-3503 Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner ☒ Dealer's City DANBURY State CT Zip Code [REDACTED]
Transmission Type AUTOMATIC ☒ Antilock Brakes ☒ Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 142000 AIR BAGS:SIDE/WINDOW Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28 APR-2006 Failure Mileage 59000 Failure Speed 30

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: DOTN15ABC036) ☐ 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), crash(es), and injury(ies).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police [REDACTED]

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.
La, parts repaired or replaced (and if old part is available). **part**

DT*: THE CONTACT STATED WHILE DRIVING 30MPH ON A [REDACTED] ROAD, THERE WAS A LOUD NOISE FOLLOWED BY A BURNING SMELL OF THE SIDE AIRBAGS DEPLOYMENT. NO INJURIES WERE SUSTAINED; BOTH OCCUPANTS WERE WEARING SEATBELTS HOWEVER, AFTER THE DEPLOYMENT, THE SEATBELTS STRAP TIGHTENED. THE CONTACT PULLED OVER AND THE SEATBELTS RELEASED. THE POLICE WERE CONTACTED AND A REPORT WAS TAKEN. THE VEHICLE WAS TOWED TO A DEALER WHO WAS UNABLE TO DETERMINE THE CAUSE OF THE SIDE AIRBAG DEPLOYMENT.

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.