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 06 MAY 16 AM 11:28	
	Reference No. 10156066

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City: REDDING	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 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
1FMDU75W6	FORD	EXPLORER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAY-02	COLONIAL FORD 203-748-3503			No. Cylinders 8	Gas
Original Owner ☒	Dealer's City: DANBURY	State: CT	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	142000 AIR BAGS:SIDE/WINDOW Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

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

28 April

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: DOTHALSABC036)	☐ 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), Fire(s), Crash(es), and Injury(ies).)

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