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 ☐
11-AUG-2006	Reference No. 10165253

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		[redacted]	
City CARTERSVILLE	State GA	Zip Code [redacted]	Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of a [redacted] 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	Make	Model	Model Year
1FMZU73K25Z [redacted]	FORD	EXPLORER	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10-JUN-06	Parkway Ford 770-773-3703			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City Adairsville	State GA.	Zip Code 30103		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	060000 ENGINE AND ENGINE COOLING Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
11-AUG-2006	13000	~~30~~ 60 or 70

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: DOTMAL9ABC036)	☐ 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 THE ENGINE SURGED AND THE CHECK ENGINE LIGHT ILLUMINATED AT SPEEDS OF 60 or 70 MPH. THE VEHICLE WAS TAKEN TO THE DEALERSHIP ON FOUR OCCASIONS AND WERE UNABLE TO CORRECT THE PROBLEM. THE RING PIN GEAR WAS REPLACED THE FIRST TIME THE VEHICLE WAS TAKEN TO THE DEALERSHIP. THE DEALERSHIP DETERMINED THE THIRD AND FOURTH CYLINDER SPARK PLUGS NEEDED TO BE REPLACED ON THE SECOND VISIT. THE CYLINDER SPARK PLUGS WERE REPLACED ON THE THIRD AND FOURTH VISIT.

over →

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

on 8-21-06 City Motors reported to me that they replaced 3 and 4 cyclinders but that made it worse, so now they want to change the spark plugs again. City Motors [redacted] has had this vehicle trying to fix it since 8-15-06.

[redacted]

Also several dealers have brought it to our attention that this vehicle has been wrecked. The whole front end is new. Carfax does not show this.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

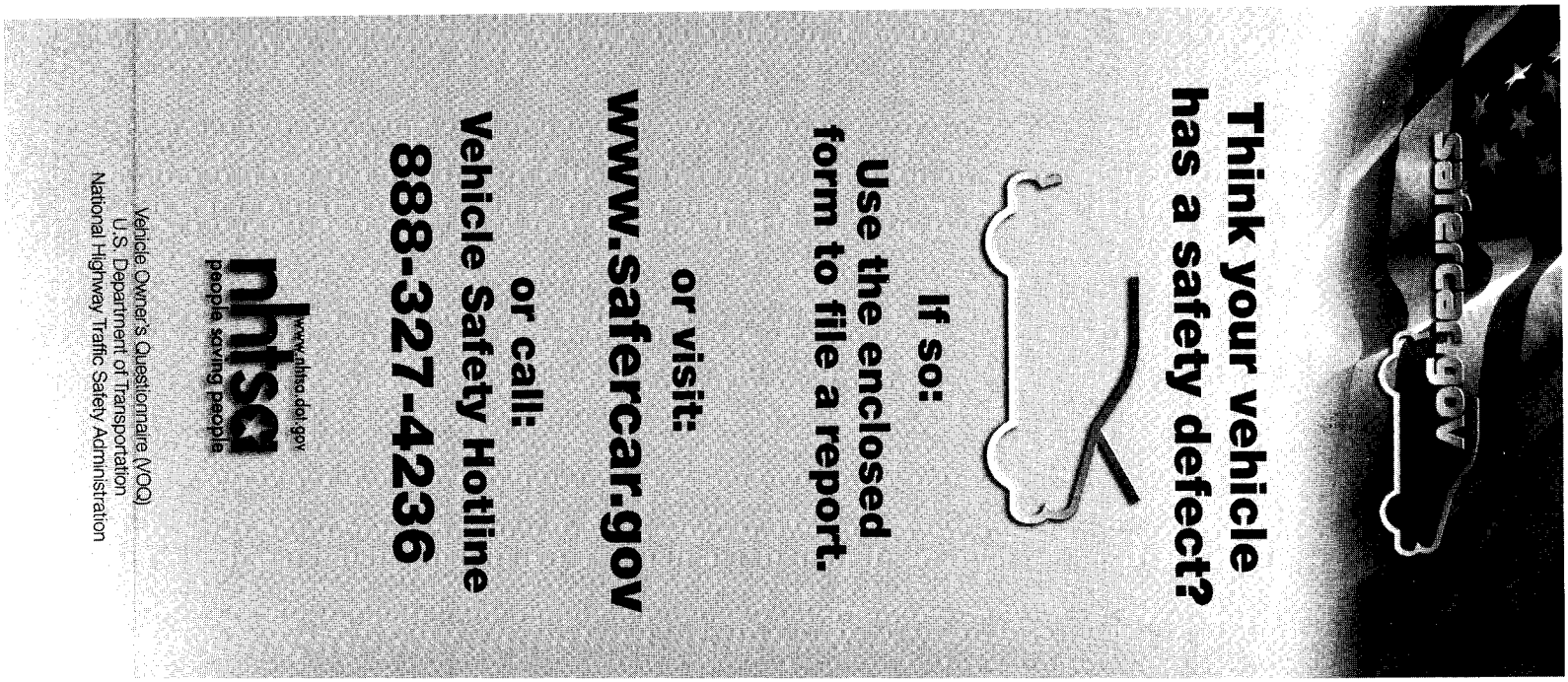
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



Check Sheet

erform the following inspections within 60 days prior to the registration of a Used Vehicle Contract.

heck the boxes below:

INITIAL INSPECTION

- ☑ ODOMETER READING supported by the general condition of the vehicle.
- ☑ LUBE STICKER OR MAINTENANCE LOG, if present, checked to support mileage.
- ☑ OIL/FILTER checked and changed as necessary.
- ☑ INTERIOR EQUIPMENT controls operational.
  - ☑ wiper/washer ☐ clock/radio ☑ air conditioning ☑ horn
  - ☑ heater/defroster ☐ lights ☐ switches
- ☑ BODY APPEARANCE checked and corrected if necessary.

I. UNDER HOOD

- ☑ ENGINE* block, cylinder heads, intake and exhaust manifolds, valve cover, seals, belts, vacuum lines, filters – check for cracks or leaks and correct.
- ☐ CYLINDER BALANCE TEST must be performed on vehicles with 50,000 or more miles on the odometer prior to sale. If required, repairs are to be made prior to sale.
- ☑ OIL LEAKS – check for and correct.
- ☑ AUTOMATIC TRANSMISSION FLUID* is at the prescribed level and free of contamination or discoloration.
- ☑ COOLANT is at the prescribed level and is not contaminated.
- ☑ PRESSURE TEST COOLING SYSTEM to check/correct operation.
- ☑ RADIATOR and cap, water pump and hoses checked for cracks or leaks; clamps, fan operational.
- ☑ POWER STEERING pump reservoir and gear box are at the prescribed fluid level and system shows no visual evidence of leaks (including hoses).
- ☑ BRAKE MASTER CYLINDER at prescribed fluid level and shows no visual evidence of leaks.
- ☑ ELECTRICAL battery charge is at prescribed level. Cables are corrosion-free and properly secured. Starter and alternator operational.
- ☑ FUEL INJECTOR(S)/AIR CLEANER are clean.
- ☑ EMISSIONS SYSTEM – all components intact.
- ☑ AIR CONDITIONING – check and repair/replace compressor, clutch, evaporator, dryer and hoses, if required.
- ☑ ON-BOARD DIAGNOSTICS (OBD) has been checked and all trouble codes corrected.

II. UNDER VEHICLE

- ☑ TRANSMISSION CASE checked for cracks and leaks.
- ☑ TRANSMISSION FLUID* at prescribed level (also transfer case on 4x4s) and no leaks. Transmission hydraulic pressures are within required standards.
- ☑ CV BOOTS are free from cracks or deterioration.
- ☑ STRUTS are not leaking or weak.
- ☑ SUSPENSION SYSTEM (i.e., ball joints, tie rods, shock absorbers) checked for wear, looseness. Replace any worn or loose parts.
- ☑ GEAR LUBE at prescribed level for manual transmission and/or rear differential.
- ☑ REAR AXLE FLUID* at prescribed level (also front axle on 4x4s) and housing is not leaking.
- ☑ MUFFLER/TAILPIPE secure, airtight and operational.
- ☑ FRAME/UNDERCARRIAGE checked for damage and/or corrected to standard.
- ☑ WHEEL BEARINGS operational.
- ☑ AXLE SEALS checked for leaks.
- ☑ TIRES/WHEELS checked and repaired/changed, if required.
- ☑ WHEEL MASTER CYLINDER checked for leaks.

IV. ROAD TEST

- ☑ ENGINE* shows no obvious signs of problems (i.e., excessive smoking, poor performance, etc.).
- ☑ ENGINE OIL PRESSURE AND OPERATING TEMPERATURES are within normal range levels.
- ☑ AUTOMATIC TRANSMISSION* is shifting smoothly and quietly.
- ☐ STANDARD TRANSMISSION is shifting smoothly and quietly (also transfer case on 4x4s).
- ☑ VIBRATION in the driveline, if any, has been corrected.
- ☑ ELECTRICAL switches have been inspected, including charging system. All grids on the heated backglass (if equipped) are operational.
- ☑ AIR CONDITIONING has been inspected, cools appropriately, and is free of refrigerant leaks and noise.
- ☑ STEERING AND STEERING LINKAGE have been checked and lubricated.
- ☑ BRAKES AND CALIPERS have been checked. Pads and linings have been replaced if worn below 4 mm.
- ☑ PARKING BRAKE – check operation and warning indicator light, if equipped.
- ☑ UNUSUAL NOISES – conditions causing unusual noises in the engine, transmission, driveshaft, universal joints or rear axle have been corrected.
- ☑ EMISSIONS SYSTEM – all parts are functional and meet required standards.

* Engine, transmission and drive axle must be the same original equipment specified for the vehicle to be eligible for ESP coverage provided by Ford Motor Company.

☐ Attach a copy of the interim repair order, indicating repairs performed on the vehicle prior to the sale.

Vehicle Identification Number (VIN) 1FMZU73K25Z [redacted] P&A Code [redacted]

Dealership Name ~~Parkway Ford Inc.~~

Address ~~5563 Joe Frank Harris Pkwy~~

City ~~Adairsville~~ State ~~GA~~ ZIP Code ~~30103~~

Current Mileage 21918

VIOS

This is to certify that the above vehicle has been inspected and any necessary repairs have been made to qualify this vehicle for the pre-owned Extended Service Plan. To the best of my knowledge, this vehicle qualifies for the used Extended Service Plan coverage. Pre-existing conditions or repairs made on or before the enrollment date are not eligible for reimbursement. Failure to supply this completed form could result in a repair being denied. A copy of the interim repair order is attached, indicating repairs performed on the vehicle prior to the sale.

Dealer Signature _____ Date _____

This check sheet was completed based on a visual inspection of the specified components/systems. No representations, guarantees or warranties are made in connection with this inspection. For example, there are no representations, guarantees or warranties regarding the vehicle's merchantability, or its factory-supplied materials or workmanship.

Customer Signature _____ Date _____

Note: This form may be reproduced locally or ordered through our Ford ESP Literature Distribution Center at (800) 537-1910. Must be retained in dealership service file.

CITY MOTORS OF CARTERSVILLE

352 N. Tennessee St. • Cartersville, GA 30120-0577

(770) 382-5780

NAME [redacted] LIC. PLATE [redacted]

ADDRESS [redacted]

CITY Cartersville STATE GA ZIP [redacted] MILEAGE [redacted]

BUS.PH# [redacted] HOME PH# same

PICK-UP TIME *(IF POSSIBLE)* DAY _____ TIME _____ A.M. / P.M.

YEAR 05 MAKE & MODEL Ford Explorer LXT COLOR Gray

USE THIS HANDY CHECK LIST

- ☐ OIL, FILTER, LUBE
- ☐ FLUSH RADIATOR / ADD ANTI FREEZE
- ☐ ENGINE TUNE UP
- ☐ TRANSMISSION SERVICE
- ☐ CHECK BRAKES
- ☐ CHECK AC / HEATING SYSTEM
- ☐ CHECK EXHAUST SYSTEM
- ☐ CHECK STEERING AND SHOCKS
- ☐ ROTATE & BALANCE TIRES
- ☐ _____ MILES SERVICE

OTHER SERVICE DESIRED / DESCRIPTION OF PROBLEM

Check engine light still coming on, shutters at 60 or 70 mph. Change fuel filter

DO YOU REQUEST AN ESTIMATE FIRST? YES ☐ NO ☐

(IF NO ESTIMATE IS REQUESTED, WE WILL CHARGE OUR CUSTOMARY PRICES FOR LABOR AND MATERIALS)

RELEASE AND ACKNOWLEDGEMENT - READ CAREFULLY

I hereby authorize the work described above to be done along with the necessary materials and *agree that you are not responsible for loss or damage to vehicle (or articles left in vehicle) in case of fire, theft or any cause beyond your control, or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter.* I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. Mechanic's lien to you is hereby acknowledged on above vehicle to secure the amount of work you do on it, including materials.

CUSTOMER'S SIGNATURE [redacted] DATE 8/1/06

IMPACT / 1-800-543-4284 FORM 777

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).