



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

13-NOV-2006

Repository ☐

Reference No.
10173342

OWNER INFORMATION (Type or Print)

Name

Address

City PORTLAND

State ME

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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 6/12/2006

VEHICLE INFORMATION

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

1FMZU74E0

Make

FORD

Model

EXPLORER

Model Year

2002

Date Purchased
20-AUG-03

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

022100 SUSPENSION: REAR: SPRINGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

21-JUN-2006

Failure Mileage

60000

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), 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).

DT*: THE CONTACT STATED THE VEHICLE RODE LOWER THAN NORMAL. THE VEHICLE WAS TAKEN TO A SERVICE DEALER, WHO DETERMINED THAT THE REAR COIL SPRINGS WERE BOTH FRACTURED. THE SPRINGS WERE REPLACED, BUT THE DEALER WAS UNABLE TO DETERMINE THE CAUSE OF THE FRACTURES. THE MANUFACTURER WAS ALSO NOTIFIED.

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.

