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

2008 FEB -1 AM 11:13

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
23-JUL-2007	Reference No. 10197235

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City STROUDSBURG	State PA	Zip Code	

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
1FMZU73WX	FORD	EXPLORER	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
15-OCT-03	MOUNT POCONO FORD SALES 570-839-1111			No: Cylinders 8	Gas
Original Owner ☒	Dealer's City MOUNT POCONO	State PA	Zip Code 18344		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	104000 POWER TRAIN:TRANSFER CASE (4-WHEEL DRIVE) Multiple Failure: 500

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
11-MAY-2007	70000		

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).

TL*THE CONTACT OWNS A 2003 FORD EXPLORER. THE CONTACT STATED THAT SHE HEARD A CLICKING SOUND DURING DECELERATION. A MECHANIC DIAGNOSED THE CAUSE OF FAILURE AS A WORN OUT RANGE HUB IN THE TRANSFER CASE. THE CONTACT STATED THAT SHE COULD NEVER GET OUT OF 4 WHEEL DRIVE, WHICH BURNS MORE GAS AND ACTIVATES COMPONENTS THAT ARE UNNECESSARY DURING NORMAL DRIVING. THE CURRENT MILEAGE IS 73,000 AND FAILURE MILEAGE WAS 70,000.

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