



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

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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: DOVER State: NJ 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: 12/29/07

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FMDU74E44 [REDACTED]  
Make: FORD Model: EXPLORER Model Year: 2004  
Date Purchased: 01-JUL-07 Dealer's Name and Telephone Number: [REDACTED] Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner: [REDACTED] Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE  
Multiple Failure: 2

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 29-SEP-2007 Failure Mileage: 29000 Failure Speed: 50

**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: DOTM19ABC036): [REDACTED]  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: 0 Number of Deaths: 0 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, i.e. parts repaired or replaced (and if old part is available).

TL\*THE CONTACT OWNS A 2004 FORD EXPLORER. AFTER FILLING THE VEHICLE WITH GAS AND DRIVING A FEW MILES, THE FUEL CAP PRESSURE LIGHT ILLUMINATES AND THE ENGINE SHUTS OFF. THE CONTACT HAS TO EXIT THE VEHICLE AND RETIGHTEN THE FILLER CAP, WHICH THEN ALLOWS THE ENGINE TO RESTART. THE FAILURE HAS OCCURRED TWICE WITHIN 3 OR 4 GAS TANK FILL-UPS AND USUALLY WHILE DRIVING 50 MPH. HE HAS NOT YET TAKEN THE VEHICLE TO THE DEALER. THE FAILURE MILEAGE WAS 29,000 AND CURRENT MILEAGE WAS 29,500. I TOOK THE CAR TO LOCAL FORD DEALER SAME DAY I CALLED, THEY SAID THEY HAVE NOT HAD ANY COMPLAINTS.

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.