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 ☐
30-OCT-2007 2007 DEC 12 AM 9:00	Reference No. 10207419

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City OXFORD	State ME	Zip Code [redacted]	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 au[redacted]rovide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/05/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTRW08L12K[redacted]	FORD	EXPLORER	2002

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
01-OCT-06	Rocue Auburn unknown	No: Cylinders	Gas

Original Owner ☐	Dealer's City	State	Zip Code
	Auburn	ME	0

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	100000 POWER TRAIN Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
16-OCT-2007	70000	65

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	0	0	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 2002 FORD EXPLORER. WHILE DRIVING BETWEEN 65-70 MPH, THE TRANSMISSION FAILED. THE ENGINE REVVED, BUT THE VEHICLE WOULD NOT MOVE. THE CHECK ENGINE, ODOMETER, AND TRANSMISSION LIGHTS ILLUMINATED. THE VEHICLE WAS TOWED TO A SHOP AND THEY STATED THAT THE TRANSMISSION FAILURE WAS DUE TO A MANUFACTURER DEFECT. THE VEHICLE IS CURRENTLY BEING REPAIRED AT THE SHOP. THE VIN, ENGINE SIZE, AND NUMBER OF CYLINDERS WERE UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 70,000.

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