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 MAR 31 PM 2:29

| FOR AGENCY USE ONLY 100148 | |
|---|---|
| Date Received 29-FEB-2008 | Repository ☐ |
| | Reference No. 10219680 |

## OWNER INFORMATION (Type or Print)

| | | | |
|---|---|---|---|
| **Name** [redacted] | | Daytime Telephone Number [redacted] | E-mail Address [redacted] |
| **Address** [redacted] | | Evening Telephone Number [redacted] | |
| **City** NEW ALBANY | **State** IN | **Zip Code** [redacted] | |

*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 forward your address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 3/28/08

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1FMZU74E5[redacted] | FORD | EXPLORER | 2003 |

| Date Purchased | Dealer's Name and Telephone Number | Engine: | Fuel Type: |
|---|---|---|---|
| 18-JUN-05 | TOYOTA | No: Cylinders 6 | Gas |

| Original Owner | Dealer's City | State | Zip Code |
|---|---|---|---|
| ☐ | CLARKSVILLE | IN | |

| Transmission Type | | | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes<br>☒ Cruise Control | Powertrain<br>4 WHEEL DRIVE | 132000 VISIBILITY:GLASS, SIDE/REAR<br>Multiple Failure: 1 |

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

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 26-FEB-2008 | 72000 | 0 | |

## 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 2003 FORD EXPLORER. THE REAR LIFTGATE WINDOW SUDDENLY BLEW OUT WHILE THE VEHICLE WAS PARKED. THE VEHICLE WAS TAKEN TO THE DEALER AND THEY STATED THAT IT WAS A COMMON FAILURE, BUT THEY COULD NOT EXPLAIN THE CAUSE. THE VEHICLE IS CURRENTLY AT THE SHOP BEING REPAIRED. THE CONTACT HAS PICTURES OF THE FAILURE. THE CURRENT AND FAILURE MILEAGES WERE 72,000.

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

[redacted]
New Albany, IN [redacted]

March 22, 2008

U.S. Department of Transportation
NHTSA
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590

Reference No. 10219680

On 26 February, 2008, the rear hatch window on our 2003 Ford Explorer blew out! There was glass all over the place and the whole of the window frame was torked and crushed. It looked like it had been hit by a Mack Truck. The lower part of the rear door was fine. The car had been parked. It was a very cold day.

I drove the car home and immediately called our insurance agent, Mr. Bob Bitter of State Farm. He came to our home to see the car, incredulous at the amount of damage. He recommended I drive the car to Carriage Ford, Inc. in Clarksville, IN, for repair. He also arranged for us to rent a car from Enterprise.

When I walked into the Repair Shop at Carriage Ford, I said "I have a problem with my rear window". The mechanic said "Oh, you must be driving a Ford Explorer". I was very surprised and asked how he knew. He said "They have sensitive windows". I told him the car had been parked and he said "Normally, they blow when someone is accessing the rear hatch". He actually used the word "Normally".

I then drove my car to the collision department. I was told by the manager, Danny Seal, that at the same time, two other Ford Explorers were in the shop with the same problem.

My husband did some research on line and found a number of instances of the rear hatch window exploding. One report stated that the owner of the car was blasted with glass as a result of his opening the rear hatch.

According to further research, the gas in the struts that hold up the top portion of the rear hatch can explode when cold weather is a factor.

It took eight days for my car to be repaired. It cost $1703.04. We had to pay a $500 deductible fee to Carriage Ford, while State Farm covered the additional $1203.04. In addition, State Farm had to cover the car rental of $274.69.

My husband and I elected to replace the rear struts at our own cost, $72, as the insurance company would not pay for that.

Despite this extraordinary, recurring, known safety issue, Ford has never issued a recall to address the problem of the rear hatch window bursting.

I take great exception to our having to pay $500 as our portion of the cost to repair our car. I take great exception that State Farm had to pay $1203.04 for repair costs and also that State Farm had to pay $274.69 for car rental. Our insurance records now show an automobile incident claim. I was not responsible for this incident in any way. The responsibility and costs reside totally with the Ford Motor Company.

I want Ford to be held responsible for both public safety and financial reimbursement responsibility to ourselves and to State Farm.

I expect the Ford Motor Company to reimburse me the $572 cost of repair. I expect Ford Motor Company to reimburse State Farm $1477.73. I expect Ford Motor Company to contact State Farm regarding the bursting struts, stating that this was not a driver incident. I expect Ford Motor Company to issue a recall on the Lift Assembly Gas struts which do cause the rear hatch to explode.

[redacted]

Mr. Ronald B. Fields, Chief
Enforcement
U.S. Department of Transportation
National Highway
Traffic Safety
Administration
1200 New Jersey Avenue SE
Washington, DC 30690

Cc: Ford Motor Company
Rosemary O'Malley
Manager, Customer Relationship Center
P. O. Box 930
Ann Arbor, MI 48106-9775

Cc: State Farm Insurance
Bob Bitner
3221 Grant Line Road
New Albany, IN 47150

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rbf

As a result of your report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the drivers door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.
Thank you for your cooperation.

Sincerely,

Ronald B. Fields, Chief
Correspondence Research Division
Enforcement

Enclosure: VOQ

NHTSA
www.nhtsa.gov

908 E. Lewis & Clark Parkway
**CLARKSVILLE, IN 47129**
(812) 284-4444

# Carriage Ford, Inc.

*"Best by a Country Mile"*

SERVICE HOURS:
Mon – Fri: 7:00 am – 6:00 pm
Saturday: 8:00 am – 1:00 pm

CHECK (✓) APPROPRIATE BOX

| | | |
|---|---|---|
| ☐ CLAIMS REVIEW | ☐ AUTHORIZATION TO SUBMIT CLAIM | ☐ PARTS SCRAP OUT |
| $ PARTS | $ LABOR | $ TOTAL |

Authorized Signature and Date

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

## DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

**TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE.**

---------- INVOICE TO ----------
[redacted]
NEW ALBANY IN [redacted]

---------- DRIVER/OWNER INFORMATION -- INVOICE# 014750
MARY 028919 [redacted]
NEW ALBANY IN [redacted]
HOME [redacted] CELL [redacted]

---------- FOR OFFICE USE ----------
TAG# [redacted] ADVS 456 SEALS,DAN INVOICE: PRELIM PRI 0 N2
TAX RULES: PRINT INVOICE: 03/03/2008 10:41:03
ODOMETER IN: 77074
DATES: BEING: 02/26/08 DONE: 03/03/08

---------- VEHICLE INFORMATION ----------
VIN 1FM7U07K[redacted] LICENSE NUMBER: [redacted]
01 FORD EXPLORER EXPRESS 4WD 4DR SPTUTI
DIST: BUS RATES: INSERVICE: 08/03 PRODUCTION: 08/03

| CORR/LBR OP | REPAIR AS PER EST STATE FARM CLAIM | OPERATION | NON HOURS | AMOUNT |
|---|---|---|---|---|
| CORRECTION REF | | B | 111 12.5 B | 528.00 |

| PART NUMBER | POR | MUTE | DESCRIPTION | QTY | SELL | |
|---|---|---|---|---|---|---|
| ENG WHOLESHORT | | | ********** | 1B | 728.65 | 728.65 |
| FM 3L2Z 7842105 BA | | NSTK | LIFT AST - GAS | 1B | 36.00 | 36.00 |
| FM 3L2Z 7842104 AA | | NSTK | LIFT AST - GAS | 1B | 36.00 | 36.00 |
| FM 3L2Z 7842528 BA | | | NAME PLATE | 1B | 30.67 | 30.67 |
| FM 3L2Z 7856410 AAA | | NSTK | COVER - REAR | LB | 91.09 | 91.09 |
| FM PAINTANDMATERIALS | | PR | ********** | 1B | 166.20 | 166.20 |
| FM 3L2Z 7842528 AA | | | WHS PLATE | 1B | 19.93 | 19.93 |

FACTORY TECH 111 - MORIN, CHARLES

---------- SUBTOTAL ----------
PARTS 942.93
LAB-BODY SHOP 528.00
MISCELLANEOUS 166.20
TOTAL CHARGE FOR CORRECTION 1676.53

TYPE: BOD

---------- INVOICE TOTALS ----------
SUMMARY OF CHARGES FOR INVOICE 014750
PARTS 942.93
LAB-BODY SHOP 528.00
MISCELLANEOUS 166.20
SUB-TOTAL 1636.53
STATE TAX 66.51
TOTAL CHARGE 1703.04

PAYMENT DISTRIBUTION FOR INVOICE 014750
TOTAL CHARGE 1703.04
CHARGE ACCT NO# 028919 1703.04
MARY, FMLA

IF YOU HAVE ANY QUESTIONS - PLEASE SEE DARRY BEALS

PAGE 1
LAST PAGE

Pd c/c #576.32
D.S. 3-5-08
Balance due in CO

#576.32

**ENTERPRISE RENT-A-CAR COMPANY OF KENTUCKY, 1105 EAST HIGHWAY 131, CLARKSVILLE, IN 471297737 (812) 282-0044**

**RENTAL AGREEMENT** 273905 **REF#**

**RENTER** [redacted]

**DATE & TIME OUT**
02/26/2008 04:05 PM
**DATE & TIME IN**
03/05/2008 09:40 AM

**BILLING CYCLE**
CALENDAR DAY

**VEH #1 2007 TOYO 4RUN 8C4W**
VIN# JTEBT14R3[redacted]
LIC# [redacted]
MILES DRIVEN 131

**BILL TO ACCOUNT# STF0880**
STATE FARM-AUTO FIELD CLAIMS**
ATTN: PRO, ICC - TEAM 5
5559 WEST 73RD
INDIANAPOLIS, IN 462682162

**CLAIM INFO**

LOSS DATE: 02/26/2008
INSURED
SHOP: CARRIAGE FORD**
PHONE: (812) 284-4444
ATTN: DANNY

**SUMMARY OF CHARGES**

| Charge Description | Date | Quantity | Per | Rate | Total |
|---|---|---|---|---|---|
| TIME & DISTANCE | 02/26 - 03/05 | 9 | DAY | $26.55 | $238.95 |
| REFUELING CHARGE | 02/26 - 03/05 | 3 | GALLON | $3.95 | $11.85 |
| | | | **Subtotal:** | | **$250.80** |
| **Taxes & Surcharges** | | | | | |
| INDIANA EXCISE TAX | 02/26 - 03/05 | | | 4% | $9.55 |
| INDIANA SALES TAX | 02/26 - 03/05 | | | 6% | $14.34 |
| | | | **Total Charges:** | | **$274.69** |
| **Bill-To / Deposits** | | | | | |
| **STATE FARM-AUTO FIELD CLAIMS**** | | | | | |
| TIME & DISTANCE | 02/26 - 03/05 | 9 | DAY | | |
| INDIANA EXCISE TAX | 02/26 - 03/05 | 1 | PERCENT | 4% | |
| INDIANA SALES TAX | 02/26 - 03/05 | 1 | PERCENT | 6% | |
| | | | **Subtotal:** | | **($225.00)** |

**Total Amount Due** **$0.00**

**PAYMENT INFORMATION**

| AMOUNT PAID | TYPE | CREDIT CARD NUMBER |
|---|---|---|
| $49.69 | Visa | XXXXXXXXXX[redacted] PENDING |