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 JUN 16 PM 2:14

FOR AGENCY USE ONLY 100148

| Date Received | Repository ☐ |
|---|---|
| 07-MAY-2008 | Reference No. 10226967 |

## OWNER INFORMATION (Type or Print)

| Name | [redacted] | | |
|---|---|---|---|
| Address | [redacted] | Daytime Telephone Number [redacted] | E-mail Address |
| City SOMERSET | State PA | 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 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 |
|---|---|---|---|
| 1FMZU72EX2[redacted] | FORD | EXPLORER | 2002 |

| Date Purchased | Dealer's Name and Telephone Number | | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|---|
| 7/29/2006 | Diehl's Ford Sales (301)895-5135 | | 4.0 / 6 | Gas |
| Original Owner ☐ | Dealer's City Grantsville | State MD | Zip Code 21536 | |

| Transmission Type | | | Vehicle Component Code |
|---|---|---|---|
| Automatic | ☒ Antilock Brakes ☒ Cruise Control | Powertrain 4WD | 022110 SUSPENSION:REAR:SPRINGS:COIL SPRINGS |
| | | | Multiple Failure: |

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

| Incident Date(s) | Failure Mileage | Failure Speed |
|---|---|---|
| 23-APR-2008 | 81979 | |

## 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 AT ANY SPEED OVER A BUMP IN THE ROAD, THE CONTACT COULD HEAR A RUBBING SOUND COMING FROM THE REAR OF THE VEHICLE. WHILE THE WHEEL BEARINGS WERE BEING SERVICED, IT WAS DISCOVERED THAT BOTH THE DRIVER AND PASSENGER SIDE REAR COIL SPRINGS FAILED. THE VEHICLE HAS NOT BEEN DIAGNOSED BY THE DEALER. THE CURRENT AND FAILURE MILEAGES WERE 81,979.

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