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

2009 DEC 10 PM 4:32

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 ☐
28-OCT-2008	Reference No. 10246926

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City WINDBER	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 a[illegible]me or address to the vehicle manufacturer.
Signature of Owner _____ Date 11/10/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMZU75K32Z_____	FORD	EXPLORER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
	RANDALL Motor Co, 814-736-9621				
Original Owner ☐	Dealer's City Portage, PA.	State PA	Zip Code 15946	6	Gasoline

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4.0 4X4		22-OCT-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 150000 SEAT BELTS, 140000 AIR BAGS	Failure Mileage	Failure Speed
	47600	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:
Type:	Installation System:	
Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

ire	Number of Persons Injured	Number of Deaths	Reported to Police
es ☒ 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. THE CONTACT STATED THAT THE AIR BAG INDICATOR REMAINED ILLUMINATED. THE DEALER STATED THAT THE SEAT BELT LATCH SYSTEM DOES NOT WORK AND THEY ARE CHARGING HIM TO DIAGNOSE AND REPAIR THE FAILURE. THE CONTACT STATED THAT IT IS A SAFETY HAZARD THAT THE SEAT BELT DOES NOT WORK. THE FAILURE AND CURRENT MILEAGES WERE 47,600.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

1. R/SD: BOTH REAR SPRINGS BROKEN
2. REAR AXLE BEARING BAD.

I UNDERSTAND THE SPRING BREAKAGE IS COMMON TO THE 2002 FORD EXPLORER.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

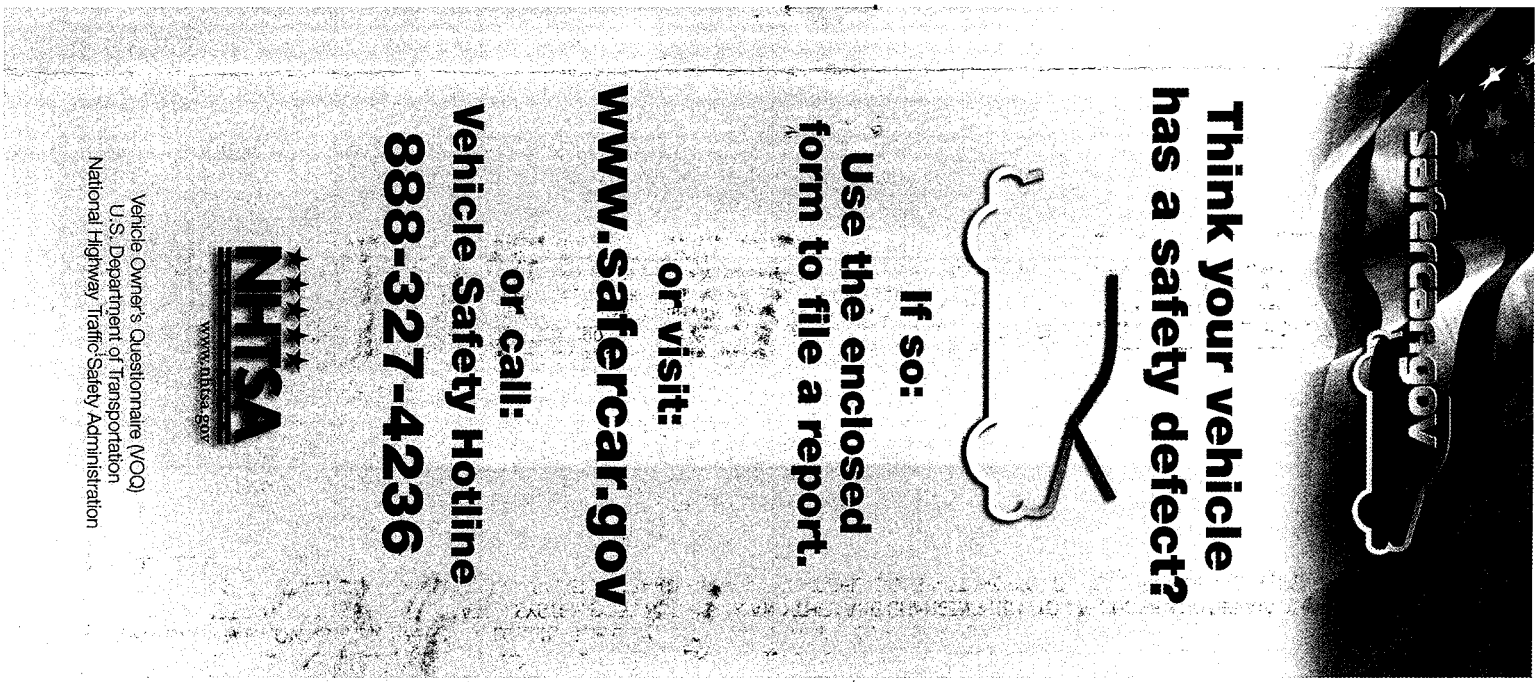
JOHNSTOWN PA 15
PM
24 NOV 2009

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



LAUREL FORD LINCOLN MERCURY

Telephone (814) 467-5565 · 135 Ford Drive
Windber, Pennsylvania 15963
www.laurelautogroup.com

LINCOLN MERCURY

DATE ENTERED	YOUR ORDER NO.	DATE SHIPPED	INVOICE DATE	INVOICE NUMBER
07 NOV 08		07 NOV 08		

RO QUOTE

SOLD TO

ACCOUNT NO.

WINDBER, PA

SHIP TO

SHIP VIA	SLSM.	B/L NO.	TERMS	F.O.B.
	29		RO	WINDBER PA

RO Quote for Service Repair Order: 64663
Service Advisor: 16 Vehicle: 2ZC71255
Part(s) quoted on Line C CUSTOMER STATES HIGH PITCHED W

ORD.	SHIP	B.O.	PART NUMBER	DESCRIPTION	LIST	NET	AMOUNT
1	1	0	6L2Z*1215*A	BEARING AS	106.23	106.23	106.23
1	1	0	5L2Z*1A124*A	RING	9.65	9.65	9.65
2	2	0	1L2Z*5560*BA	SPRING - C	112.46	112.46	224.92
2	2	0	7L1Z*4A109*D	KIT - SHAF	39.92	39.92	79.84
1	1	0	1L2Z*1109*AA	HUB ASY -	220.48	220.48	220.48

Parts quoted on RO# 64663
**** R O P A R T S Q U O T E - DO NOT PAY ****

Parts
Labor
212.20
212.20
169.76
may not be needed

**********THANK YOU**********
*****FOR SHOPPING LAUREL FORD L-M****
********KEVIN*******BOB**********
NO RETURN ON SPECIAL ORDER PARTS

MISC SUPPLIES	
PARTS	641.12
SUBLET	
FREIGHT	0.00
SALES TAX	0.00
TOTAL	

LAUREL FORD LINCOLN MERCURY

Telephone (814) 467-5565 · 135 Ford Drive
Windber, Pennsylvania 15963
www.laurelautogroup.com

WINDBER, PA

SERVICE ADVISOR FRAN FAHER

REPAIR ORDER WRITTEN	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAG NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
14OCT08	14OCT08		1FMZU75K32Z				14OCT08	

TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.	CUST. PAY LABOR RATE	DELIVERY DATE	PREPARED BY	S/A
07:44	08:13	02	FORD EXPLORER		0.00	01JAN02	16	16

MILEAGE IN	MILEAGE OUT	LICENSE NO.
47567	47567	

TECH.	TYPE	HOURS	LIST/UNIT	NET/UNIT	TOTAL
A** AIBAG LIGHT STAYS ON DIAG DIAGNOSTIC TIME NEEDED TO DIAGNOSE THIS CONCERN					
18	C			69.95	69.95

** PRE-INVOICE **

DESCRIPTION	TOTALS
LABOR AMOUNT	69.95
PARTS AMOUNT	0.00
GAS,OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	69.95
LESS INSURANCE	0.00
SALES TAX	4.20
PLEASE PAY THIS AMOUNT	74.15

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

X

CODES B2292.DRIVER SEAT BELT PRETENSIONER NEEDE
D.ESTIMATE MINUS THE DIAGS $225.97

Paid check
10-14-08
FP

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 MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON DATE

CUSTOMER COPY