



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 24-APR-2009	Repository <input type="checkbox"/>
	Reference No. 10266588

OWNER INFORMATION (Type or Print)

Name		
Address		
City CANTON	State GA	Zip Code

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 _____ Date 5/5/09

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side 1FMZU74K34Z		Make FORD	Model EXPLORER	Model Year 2004
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type Auto	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 20-NOV-1997

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION	Failure Mileage 60000	Failure Speed 0
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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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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. THE CONTACT STARTED THE IGNITION ON A WARM ENGINE, AND THEN MOVED THE GEAR SHIFT FROM THE "PARK" POSITION INTO THE "REVERSE" POSITION. IMMEDIATELY, THE TRANSMISSION EXHIBITED EXTREMELY HARD SHIFTING. THERE WERE NO PRIOR WARNINGS. THE FAILURE OCCURRED INTERMITTENTLY. THE VEHICLE WAS ABLE TO PROCEED TO NORMAL OPERATION. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR DIAGNOSTIC TESTS. THE TECHNICIAN STATED THE FAILURE WAS RELATED TO THE AUTOMATIC TRANSMISSION SOLENOID PACK. THE SOLENOID PACK WAS REPLACED FOR THE MALFUNCTION, THE CONTACT HAD CONCERN ON THE SAFETY RISK INVOLVED. THE FAILURE MILEAGE WAS 60,000. THE CURRENT MILEAGE WAS 81,000. THE VIN NUMBER WAS UNAVAILABLE AT THE TIME OF FILING THE SAFETY COMPLAINT.

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.