

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|--------------------|
|  <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b> |                                                                  | <b>FOR AGENCY USE ONLY 100148</b> |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     | Date Received<br><b>OCT 19 2010</b><br>09-JUL-2010                                                                                                                                                                    | Repository <input type="checkbox"/><br>Reference No.<br>10342162 |                                   |                    |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | Address                                                                                                                                                                                                               |                                                                  | Daytime Telephone Number          | E-mail Address     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | State                                                                                                                                                                                                                 | Zip Code                                                         | Evening Telephone Number          |                    |
| BROOKLYN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | NY                                                                                                                                                                                                                    |                                                                  |                                   |                    |
| The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | Make                                                                                                                                                                                                                  | Model                                                            | Model Year                        |                    |
| 1FMZU73K52U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | FORD                                                                                                                                                                                                                  | EXPLORER                                                         | 2002                              |                    |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dealer's Name and Telephone Number                                  |                                                                                                                                                                                                                       | Engine:                                                          | Fuel Type:                        |                    |
| 9/2/2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Popular Ford                                                        |                                                                                                                                                                                                                       | No: Cylinders                                                    |                                   |                    |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dealer's City                                                       | State                                                                                                                                                                                                                 | Zip Code                                                         |                                   |                    |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Antilock Brakes                            | Powertrain                                                                                                                                                                                                            | Multiple Failure:                                                | Incident Date(s)                  |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Cruise Control                             |                                                                                                                                                                                                                       |                                                                  | 06-JUL-2010                       |                    |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                                                                                                                                                                       | Failure Mileage                                                  | Failure Speed                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                                                       | 45000                                                            | 35                                |                    |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tire Model (Name or Number)                                         |                                                                                                                                                                                                                       | Tire Size (Example P215/65R15)                                   |                                   |                    |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Original Equipment                         |                                                                                                                                                                                                                       | Failure Location:                                                |                                   |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Prior Repair                               |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                       | Tire Failure Type:                                               |                                   |                    |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date Manufactured:                                                  |                                                                                                                                                                                                                       | Model No./Name:                                                  |                                   |                    |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Installation System:                                                |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | Failed Part:                                                                                                                                                                                                          |                                                                  |                                   |                    |
| <b>APPLICABLE INCIDENT INFORMATION</b><br>(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 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                       |                                                                  |                                   | N                  |
| Narrative Description of Incident(S), Crash(es), and Injury(ies).<br>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 35 MPH THE CHECK ENGINE LIGHT ILLUMINATED. THE VEHICLE WAS TAKEN TO A MECHANIC WHO STATED THAT THE AUTOMATIC TRANSMISSION NEEDED TO BE REPLACED. THE MANUFACTURER WAS CONTACTED AND INFORMED HER THAT SHE HAD TO REPLACE THE TRANSMISSION AT HER OWN EXPENSE AND TO FILE A CLAIM. THERE WERE NO RELATED RECALLS OR WARRANTIES. THE FAILURE AND CURRENT MILEAGES WERE 45,000.                                                                                                                                             |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |
| 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 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. |                                                                     |                                                                                                                                                                                                                       |                                                                  |                                   |                    |

October 12, 2010

To Whom it May Concern,

Greetings! Thank you for investigating my vehicle. I purchased a brand new Ford Explorer 2002 in Sept of 2002 from Popular Ford dealer located in Brooklyn, New York on Coney Island Avenue. This summer in July 2010, the OD light was flashing. I brought my car to my mechanic and told me that it had a transmission problem. & then, I brought it to the Ford dealer (Premier Ford) because it also had a recall on that car. The serviceman said, I also had a transmission problem. Therefore, I had to fix the recall problem and since it was there I told them to fix the transmission. The total bill came out for \$3,999.<sup>75/xx</sup>. I paid Premier Ford with a bank check which is enclosed. I also search on the internet about transmission and found a website "Carcomplaints.com" and saw many people complaining about the Ford Explorer 2002 and it was the transmission as well. The mileage of my car was only 45,000 miles and 7 1/2 years old. I really believe that a car that

doesn't have lots of mileage and years, shouldn't have a transmission problem. My dad owns a Ford Taurus and it is 18 years old and has not ~~have~~ had a problem with its transmission. The Ford Explorer 2002 was poorly built and was not built to last. It is ~~an~~ extremely unfair that I had to purchase a new transmission which cost \$3,999. ~~the~~ and the fact is that my car wasn't even old or used up lots of mileage. It is a disgrace to the American people especially who believe that we should purchase American made cars (to help our economy) and as a consequence the car wasn't functioning ~~problem~~ properly & also the representative of Ford was not sympathetic at all when I called them to complain.

This is an injustice to people who bought the 2002 Ford Explorer. Please take a look at the website, you will see how many people complained about the 2002 Ford Explorer. Thank you again for responding & hope to hear from you soon about this situation. Thank you,



OFFICIAL CHECK

1221004797

50-1211  
1214

07/15/10

Date

PAY TO THE ORDER OF ROBERT FORD

\$

\*\*\* Three Thousand Nine Hundred Ninety Nine Dollars and 76 Cents \*\*\*

DOLLARS

ZNY79692

Issued by New York Commercial Bank, Westbury, New York  
1 800 525 2269

Fixed Transmission  
on Ford Explorer 2002

CUSTOMER COPY

Authorized Signature

NON-NEGOTIABLE

Authorized Signature

# Premier Ford, Inc.



SALES • SERVICE • PARTS

DMV FACILITY #R7089954

NYC C/A LIC. 806391

1072 East 49th Street  
Brooklyn, New York 11234  
Service Phone: 718-859-5200

## Service Hours

7:00 am - 6:00 pm  
Monday Through Friday

7:30 am - 2:30 pm  
Saturday

|                                                                        |           |          |                                           |         |                 |
|------------------------------------------------------------------------|-----------|----------|-------------------------------------------|---------|-----------------|
| Adv: 165 CHRISTINA STRAUB                                              | Tag: 6248 | License: | 1FMZU73K5 2U                              | Page: 2 | Invoice: C53510 |
| Invoice to:                                                            |           |          | Driver/Owner:                             |         |                 |
| Invoiced: 07/14/10 17:01:30 JM                                         |           |          | 02 FORD EXPLORER XLT 4WD 4DR SPTUTY GREEN |         |                 |
| Summary of Charges for Invoice C53510                                  |           |          | Payment Distribution for Invoice C53510   |         |                 |
| PARTS 2646.62                                                          |           |          | TOTAL CHARGE 3999.76                      |         |                 |
| LABOR - MECHANICAL 1029.43                                             |           |          | CASH DUE 3999.76                          |         |                 |
| SUB-TOTAL 3676.05                                                      |           |          | PAID JUL 15 2010                          |         |                 |
| TAX 323.71                                                             |           |          | ck#                                       |         |                 |
| TOTAL CHARGE 3999.76                                                   |           |          |                                           |         |                 |
| Attention: Other Repair Orders on this vehicle:                        |           |          |                                           |         |                 |
| RO: 53509 Opened: 07/08/10                                             |           |          |                                           |         |                 |
| If you have any questions - please see CHRISTINA STRAUB                |           |          |                                           |         |                 |
| IMPORTANT: YOU MAY BE RECEIVING A SURVEY DIRECT FROM THE MANUFACTURER. |           |          |                                           |         |                 |
| IF FOR ANY REASON YOU CANNOT GRADE US "COMPLETELY SATISFIED" PLEASE    |           |          |                                           |         |                 |
| CONTACT OUR SERVICE DIRECTOR CHRIS STRAUB AT 718-859-5200              |           |          |                                           |         |                 |
| MONDAY THRU FRIDAY 9:00 AM TO 5:00 PM                                  |           |          |                                           |         |                 |
| ***** THANKS FOR YOUR BUSINESS *****                                   |           |          |                                           |         |                 |
| Last Page                                                              |           |          |                                           |         |                 |

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.

X

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE.

# Premier Ford, Inc.



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**Service Hours**  
7:00 am - 6:00 pm  
Monday Through Friday  
7:30 am - 2:30 pm  
Saturday

|                           |                                                                                                                                                                                                                                                                                                                   |                             |                     |                                           |         |                 |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|-------------------------------------------|---------|-----------------|
| Adv: 165 CHRISTINA STRAUB |                                                                                                                                                                                                                                                                                                                   | Tag: 6248                   | License:            | 1FM2U73K5 2U                              | Page: 1 | Invoice: C53510 |
| Invoice to                |                                                                                                                                                                                                                                                                                                                   |                             |                     | Driver/Owner Information                  |         |                 |
| BROOKLYN, NY              |                                                                                                                                                                                                                                                                                                                   |                             |                     | BROOKLYN, NY                              |         |                 |
| Home:                     |                                                                                                                                                                                                                                                                                                                   |                             |                     | Home:                                     |         |                 |
| For Office Use            |                                                                                                                                                                                                                                                                                                                   |                             |                     | Vehicle Information                       |         |                 |
| Odometer in: 45652 Out:   |                                                                                                                                                                                                                                                                                                                   | Dist: FMC CUS C             | Prelim              | 02 FORD EXPLORER XLT 4WD 4DR SPTUTY GREEN |         |                 |
| Begin: 07/08/10           | Done: 07/14/10                                                                                                                                                                                                                                                                                                    | Invoiced: 07/14/10 17:01 JM | Inservice: 09/19/02 | Production: 06/04/02                      |         |                 |
| Customer Concern          |                                                                                                                                                                                                                                                                                                                   |                             |                     |                                           |         |                 |
| Concern 51                | C/S CHECK ENGINE LITE IS ON                                                                                                                                                                                                                                                                                       |                             |                     | Operation Tech Units Amount               |         |                 |
| Correction                | CHECKED AND FOUND CODES PRESENT FOR TRANSMISSION, PERFORM PIN POINT TEST TO RETRIVE HARD CODES FOR SHIFT FAUKTS 1ST GEAR, 2ND GEAR AND OVERDRIVE, REMOVE TRANS PAN TO INSPECT AND FOUND HEAVY METAL THRU OUT AND FLUID BURNT, WITH CUSTOMERS APPROVAL, REPLACED TRANSMISSION ASSEMBLY, CLEARED CODES, RE CHECK OK |                             |                     | 51 172 11.0 S 1029.43                     |         |                 |
| Parts                     | Part Number                                                                                                                                                                                                                                                                                                       | PO#                         | Note                | Description                               | Qty     | Sell            |
|                           | FMC 2L2Z                                                                                                                                                                                                                                                                                                          | 7V000 BARM                  | NSTK                | *TRANSMISSION REMFG                       | 1 S     | 2350.00 2350.00 |
|                           | FMC 4L2Z                                                                                                                                                                                                                                                                                                          | 7A095 BA                    | INSF                | OIL COOLER ASY                            | 1       | 235.93 235.93   |
|                           | FMC XT                                                                                                                                                                                                                                                                                                            | 5 QM                        | INSF                | FLUID - TRANSMISSION                      | 3       | 5.06 15.18      |
|                           | FMC 4L2Z                                                                                                                                                                                                                                                                                                          | 7086 AA                     |                     | GASKET                                    | 1       | 16.91 16.91     |
| Type: C                   |                                                                                                                                                                                                                                                                                                                   |                             |                     | Subtotal                                  |         |                 |
|                           |                                                                                                                                                                                                                                                                                                                   |                             |                     | PARTS 2618.02                             |         |                 |
|                           |                                                                                                                                                                                                                                                                                                                   |                             |                     | LABOR - MECHANICAL 1029.43                |         |                 |
|                           |                                                                                                                                                                                                                                                                                                                   |                             |                     | TOTAL CHARGE FOR CONCERN 3647.45          |         |                 |
| Concern 52                | C/S INTERIOR LITES STAY ON                                                                                                                                                                                                                                                                                        |                             |                     | Operation Tech Units Amount               |         |                 |
| Correction                | RELATED TO REPAIRS ON LINE 53                                                                                                                                                                                                                                                                                     |                             |                     | 55 172 0.0 0.00                           |         |                 |
| Type: C                   |                                                                                                                                                                                                                                                                                                                   |                             |                     | Subtotal                                  |         |                 |
|                           |                                                                                                                                                                                                                                                                                                                   |                             |                     | TOTAL CHARGE FOR CONCERN 0.00             |         |                 |
| Concern 53                | C/S DOOR AJAR LITE IS ON                                                                                                                                                                                                                                                                                          |                             |                     | Operation Tech Units Amount               |         |                 |
| Correction                | REPLACED SHORTED PIN SWITCH, RE CHECKED OK                                                                                                                                                                                                                                                                        |                             |                     | 55 172 0.0 0.00                           |         |                 |
| Parts                     | Part Number                                                                                                                                                                                                                                                                                                       | PO#                         | Note                | Description                               | Qty     | Sell            |
|                           | FMC 1L2Z                                                                                                                                                                                                                                                                                                          | 13713 AA                    |                     | SW 5648                                   | 1       | 28.60 28.60     |
| Type: C                   |                                                                                                                                                                                                                                                                                                                   |                             |                     | Subtotal                                  |         |                 |
|                           |                                                                                                                                                                                                                                                                                                                   |                             |                     | PARTS 28.60                               |         |                 |
|                           |                                                                                                                                                                                                                                                                                                                   |                             |                     | TOTAL CHARGE FOR CONCERN 28.60            |         |                 |

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.

X

I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE.

(SIGNED)

DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

(DATE)

CUSTOMER

**From:** "CarComplaints.com" <laura@carcomplaints.com>  
**To:** [REDACTED]  
**Sent:** Sunday, July 18, 2010 10:43 AM  
**Subject:** vehicle complaint [ 2002 Ford Explorer ]

Hello [REDACTED] thanks for adding the transmission complaint with your 2002 Ford Explorer - it's been added to CarComplaints.com! Click on the link below to view your complaint:  
[http://www.carcomplaints.com/Ford/Explorer/2002/transmission/transmission\\_failure.shtml](http://www.carcomplaints.com/Ford/Explorer/2002/transmission/transmission_failure.shtml)

Transmission failure with the Ford Explorer is the 2nd most common problem overall for the Explorer, and is especially bad with the 2002 Explorer. If your Explorer is out of warranty, try calling Ford Customer service at (800) 392-3673 and ask for a "goodwill repair". If they say no, probably the best thing you can do is don't give Ford any more of your money & get it repaired somewhere else - just make sure you get a comparable warranty on the rebuilt transmission.

When you experience any other problems with your Explorer, please remember to come back & add them using the Add Complaint form: <http://www.carcomplaints.com/addreport.shtml>

Thanks again,  
-Laura

<http://www.CarComplaints.com>  
What's wrong with YOUR car?

[REDACTED]

---

**From:** "US DOT NHTSA" <donotreplyodi@dot.gov>  
**To:** <[REDACTED]>  
**Sent:** Friday, July 09, 2010 11:04 AM  
**Subject:** Acknowledgement from NHTSA/ODI of your safety complaint

Thank you for filing your safety-related complaint via our Web site or our Vehicle Safety Hotline. The ODI Number listed below will be a direct link to your complaint as soon as it is ready to view. Please allow at least two business days for approval and processing before trying to view your complaint online. You will then be able to view it and search any associated documents.

Your Confirmation number (ODI Number) is: **10342162**

Your complaint information will be entered into the NHTSA vehicle owner complaint database. NHTSA technical staff review this information to identify potential safety problems. While you may or may not be contacted by a NHTSA investigator to clarify the information submitted, all reports are reviewed and analyzed for potential defects trends. Also, the NHTSA complaint database provides valuable information to other consumers and to manufacturers.

If you have any questions regarding this complaint, please contact ODI:

- By phone: 1-888-327-4236 8:00AM to 10:00PM Monday-Friday  
TTY: 1-888-424-9153  
Have your ODI Number available.  
(Spanish-speaking operators available)
- By e-mail: <http://www-odi.nhtsa.dot.gov/contact.cfm>  
Indicate your ODI Number in the contact form.

Thank you,

Office of Defects Investigation (ODI)  
National Highway Traffic Safety Administration (NHTSA)  
U.S. Department of Transportation (DOT)

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To find out more about NHTSA, please go to the [Safercar.gov](http://www.Safercar.gov) Web site or call our Vehicle Safety Hotline toll-free at 1-888-327-4236.

Our [Privacy Policy](#) can be found at this Web page.

This is a system-generated e-mail. Do NOT respond to the sender of this e-mail.

Bhlyn, N.Y.

United States Department of Transportation  
Office of Defects/Investigations /CRD  
NVS-216  
1206 New Jersey Avenue  
Southeast, Washington, D.C.  
20590

