



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	Repository <input type="checkbox"/>
20-AUG-2010	Reference No. 10350719

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		Daytime Telephone Number	E-mail Address
Address	[REDACTED]		[REDACTED]	[REDACTED]
City	TOMS RIVER	State	NJ	Zip Code
			[REDACTED]	Evening Telephone Number

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).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMDU77K35L [REDACTED]	FORD	EXPLORER SPORT TRA	2005
Date Purchased	Dealer's Name and Telephone Number		Engine:
			No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
	<input type="checkbox"/> Cruise Control		Incident Date(s)
			19-AUG-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 142000 AIR BAGS: SIDE/WINDOW	Failure Mileage	Failure Speed
	57000	35

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)	<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	Number of Deaths	Reported to Police
				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 2005 FORD EXPLORER SPORT TRAC. THE CONTACT WAS DRIVING 35 MPH WHEN THE FRONT SIDE CURTAIN AIR BAGS INDEPENDENTLY DEPLOYED FOLLOWED BY A LOUD, UNUSUAL NOISE. THE FRONT DRIVER AND PASSENGER SEAT BELTS BECAME INOPERABLE AFTER THE AIR BAGS DEPLOYMENT. THE DEALER ADVISED THAT THE AIR BAGS DEPLOYED BECAUSE THE VEHICLE DETECTED A CRASH. THE CONTACT WAS NOT INVOLVED IN A CRASH AND THERE WAS NO EXTERNAL DAMAGE TO THE VEHICLE TO INDICATE THAT THE AIR BAGS SHOULD HAVE DEPLOYED. THE DEALER WAS UNABLE TO PROVIDE A REASON AS TO WHY THE AIR BAGS DEPLOYED. THE CONTACT WAS IN THE PROCESS OF NOTIFYING THE MANUFACTURER OF THE FAILURE. THE FAILURE MILEAGE WAS APPROXIMATELY 57,000.

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 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.