INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

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
SEP 20 2011	☐
26-AUG-2011	Reference No. 10421615

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City TAMPA	State FL	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
1FMZU62K54U[redacted]	FORD	EXPLORER	2004

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
7-30-08	Bay Auto Wholesale LLC 8137333500	No: Cylinders	
Original Owner ☐	Dealer's City Tampa	State FL	Zip Code 33604

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
				26-AUG-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	90000	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE N/A

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 N/A

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	1	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 2004 FORD EXPLORER. WHILE PARKED, THE VEHICLE BEGAN TO ROLL BACKWARD WHILE THE CONTACT WAS STANDING OUTSIDE OF THE VEHICLE. THE VEHICLE CRASHED INTO A GATE AND THEN BEGAN TO ROLL FORWARD. THE CONTACT WAS ABLE TO ENTER THE VEHICLE AND DEPRESS THE BRAKE PEDAL CAUSING THE VEHICLE TO STOP. THE CONTACT SHUT THE VEHICLE OFF YET THE FAILURE RECURRED A SECOND TIME. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR DIAGNOSTICS OR REPAIRS. THE APPROXIMATE FAILURE MILEAGE WAS 90,000.

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

T# 551243183
B# 1361493

Identification Number	Year	Make	Model	Body	WT-L-BHP	Vessel Regis. No.	Title Number
1FMZU62K54U[redacted]	2004	FORD		UT	4162		[redacted]

Registered Owner
[redacted]
TAMPA, FL [redacted]

Date of Issue
08/15/2008

Lien Release
Interest in the above described vehicle is hereby released

By _____

Title _____ Date _____

Mail To:
[redacted]
TAMPA, FL [redacted]

[redacted]

LIEN SATISFACTION

CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/328.03, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN. THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE OR VESSEL

Identification Number	Year	Make	Model	Body	WT-L-BHP	Vessel Regis. No	Title Number
1FMZU62K54U[redacted]	2004	FORD		UT	4162		[redacted]

Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
FL	GLD				PRIVATE	06/19/2008

Odometer Status or Vessel Manufacturer or OH use	Hull Material	Prop	Date of Issue
85,259 MILES 07/30/2008 ACTUAL			08/15/2008

Registered Owner
[redacted]
TAMPA, FL [redacted]

Lien Release
Interest in the above described vehicle is hereby released

By _____

Title _____ Date _____

[redacted]

1st Lienholder
NONE

DIVISION OF MOTOR VEHICLES

Carl A. Ford
Director

TALLAHASSEE FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Electra Theodorides-Bustle
Executive Director

Control Number [redacted]
3 /4 87541275

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

ODOMETER CERTIFICATION-Federal and state law require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:

Purchaser: _____ Address: _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads |_|_|_|_|_|_|X| (no tenths) Selling Price: _____ Date Sold: _____

miles, date read _____ and to the best of my knowledge that it REFLECTS THE ACTUAL MILEAGE of the vehicle described herein, unless one of the odometer statement blocks is checked.

CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE

☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage IN EXCESS OF ITS MECHANICAL LIMITS.

☐ 2. I hereby certify that the odometer reading IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Purchaser: _____ Printed Name of Purchaser: _____

Signature of Co-Purchaser: _____ Printed Name of Co-Purchaser: _____

Signature of Seller: _____ Printed Name of Seller: _____

Signature of Co-Seller: _____ Printed Name of Co-Seller: _____

my
2004 Ford explorer the last of my knowing
I enter the vehicle turn it
on then put it in park to
get object out of trunk before
leaving while taking out
the vehicle started rolling
backward I tried to jump
into the vehicle to turn it off
but fell on the drive way
beside it the vehicle roll into
the gence and gate and started
come back toward. I was
able to jump in the wheele
put my foot on the brake
put it in park turn it off
I was bleeding my arm had
a big hott on it. I call 911
the police came I explain to them
they call paramedic took me
to St Josph Hospital took Xray's
+ Stitches
I am really afraid to drive
this car now [redacted]

8-24-11

Allstate Fire and Casualty Insurance Company

Allstate. You're in good hands.

RENEWAL

Auto Policy Declarations

Summary

NAMED INSURED(S)	YOUR ALLSTATE AGENT IS	YOUR BILL
[redacted] Tampa FL [redacted]	John M Fox Ins Agy (813) 985-3889 4941 E Busch Bl #150 Tampa FL 33617	lists your payment options.
POLICY NUMBER [redacted]	**POLICY PERIOD** Aug. 3, 2011 to Feb. 3, 2012	at 12:01 a.m. standard time
DRIVER(S) LISTED [redacted]	**DRIVER(S) EXCLUDED** None	
VEHICLES COVERED 1. 04 Ford Truck Explorer	**VEHICLE ID NUMBER** 1FMZU62K54U[redacted]	**LIENHOLDER** None

Total Premium

Premium for 04 Ford Truck Explorer	$616.31
01/2007 FHCF Emergency Assessment	$8.01
TOTAL Premium if you pay in full (Includes FullPay Discount)	**$586.83**
TOTAL Premium if you pay in installments	**$624.32**

If you pay less than the pay in full amount, you will be charged an installment fee(s).

✓ *Your total premium reflects a combined discount of $108.12*

✓ *Your total premium reflects a combined surcharge of $90.87*

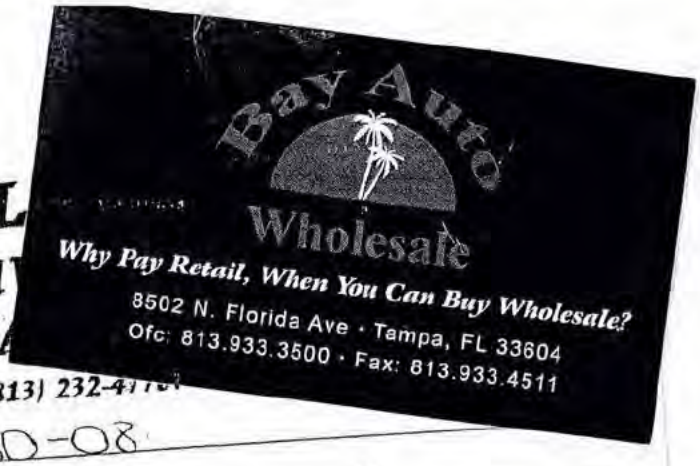
See the **Important Payment and Coverage Information** section for details about installment fees.

Your Policy Effective Date is Aug. 3, 2011; policy countersigned by agent John M Fox Ins Agy

John M. Fox

Your premium reflects the Silver Protection package.

RATING INFORMATION
Owns Residence: Yes



BAY AUTO WHOL
802 E. SLIGH A
TAMPA, FLORIDA
OFFICE (813) 232-4700 FAX (813) 232-4

SED CAR ORDER Date 7-30-08

ealer Bay Auto wholesale [redacted]

urchaser [redacted] MILEAGE 85,759

NTER MY ORDER FOR ONE CAR AS FOLLOWS:

YEAR	MAKE	MODEL	BODY	LIC. HP
04	Ford	Explorer	Gold	
			COLOR	STOCK NO.
			4D	[redacted]

VIN NUMBER 1FMZU62K54U [redacted]

CAR SALE PRICE	4900	$ [redacted]	TOTAL PURCHASE PRICE
FILING			DEPOSIT
TOTAL TAX	343.		USED CAR ALLOWANCE
LIC. PLATES	40.		LESS LIEN
DELIVERY GET READY			HELD BY
DOC. STAMPS & PRO.			EQUITY
			CASH ON DELIVERY
			TOTAL PAYMENT
			BAL. FINANCED BY
		5283.00	INSURANCE
5263 TOTAL PURCHASE		$ [redacted]	TIME SALE CHARGES
			AMOUNT OF CONTRACT

$ [redacted]
$ Balance 40
$
$ Dues $ 26300

Contract to be paid in _____ payments of $ _____ each. 1st payment due $263 ✓ paid in full 8-15 [redacted]

The information you see on the window form for this vehicle is part of this contract.
Information on the window form overrides any contrary provisions in the contract of sale.

TRADE IN RECORD

YEAR	MAKE	MODEL	BODY	COLOR	LIC. HP
VIN NUMBER			TITLE NO.		STOCK NO.

I hereby make this purchase knowingly without any guarantee, expressed or implied, by the dealer or his agent. I understand that I am not responsible for the state inspection of this autom [redacted]

☐ **SOLD AS IS** Customer's Signatur [redacted]

☐ **LIMITED WARRANTY** We, the dealer, warranty this car for 30 days after date of delivery on a 50/50 retail basis of parts & labor used. (Owner pays half and dealer pays half of total cost of parts & labor used). All repairs must be made in our service shop. We do not warranty speedometer reading, tires, battery, glass, radio or heater.

Dealer's Signature _____

I have read the face of this order, and agree to this purchaser contract. A portion of the total may represent profit to the dealer.

I agree to accept delivery [redacted]

Driver's License [redacted] Birth date [redacted]

Social Security # [redacted] Phone [redacted]

ESTIMATE REPORT

DATE: Sept 13 11

NAME [redacted] YEAR 04 MAKE Ford 4dr MODEL Explorer

ADDRESS _____ LICENSE NO. 94/04 MILEAGE _____

CITY _____ STATE _____ ZIP _____ VIN NO. 1FMZ462K54[redacted]

H. PHONE [redacted] W. PHONE _____ PROD. DATE _____ BODY CODE _____ PAINT _____ TRIM _____

INS. CO. _____ ADDRESS _____ DATE OF LOSS _____ CLAIM NO. _____

ADJUSTER _____ PHONE _____ LIC. NO. _____ FILE NO. _____ D.D. _____

LINE NO.	REPAIR	REPLACE	DETAILS OF REPAIR (R = Repair S = Straighten R/C = Recycle / Rechrome / Recore)	PARTS INDEX (A = After market N = New U = Used R= Rebuilt)	PI	LABOR HOURS BODY	PAINT	FRAME	MECH	PARTS	SUBLET/MISC.
		✓	L Front door w/ hinges			3.	2000			275 00	
		✓	L fender			2.	17500			90 00	
		✓	Windshield			—				165 00	7 50
	✓	✓	hinge pillar			1.5					
		✓	Rear Bumper Cover			1.				150 00	
		✓	L gth panel			2.	1900				
			clear tail light								

OLD PARTS WILL BE DISCARDED UNLESS OTHERWISE INSTRUCTED | TOTALS ➡

SOMETIMES AFTER THE WORK HAS BEEN STARTED, ADDITIONALLY DAMAGED OR WORN PARTS ARE DISCOVERED WHICH WERE NOT EVIDENT ON FIRST INSPECTION. THIS DAMAGE REPORT DOES NOT COVER OR INCLUDE ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED. ALL PARTS PRICES ARE SUBJECT TO INVOICE.

I hereby authorize the above work and acknowledge receipt of copy.

Signed X _____ Date _____

LABOR	BODY hrs. @ 8.0	370 00
	PAINT hrs. @	565 00
	FRAME hrs. @	
	MECH hrs. @	680 00
PARTS *Prices subject to invoice*		75 00
SUBLET/MISCELLANEOUS		
Paint Supplies ____ hrs. @		
Body Supplies ____ hrs. @		
Towing /Storage		
Hazardous Waste		
Environmental Charge		
SUB TOTAL		1690 00

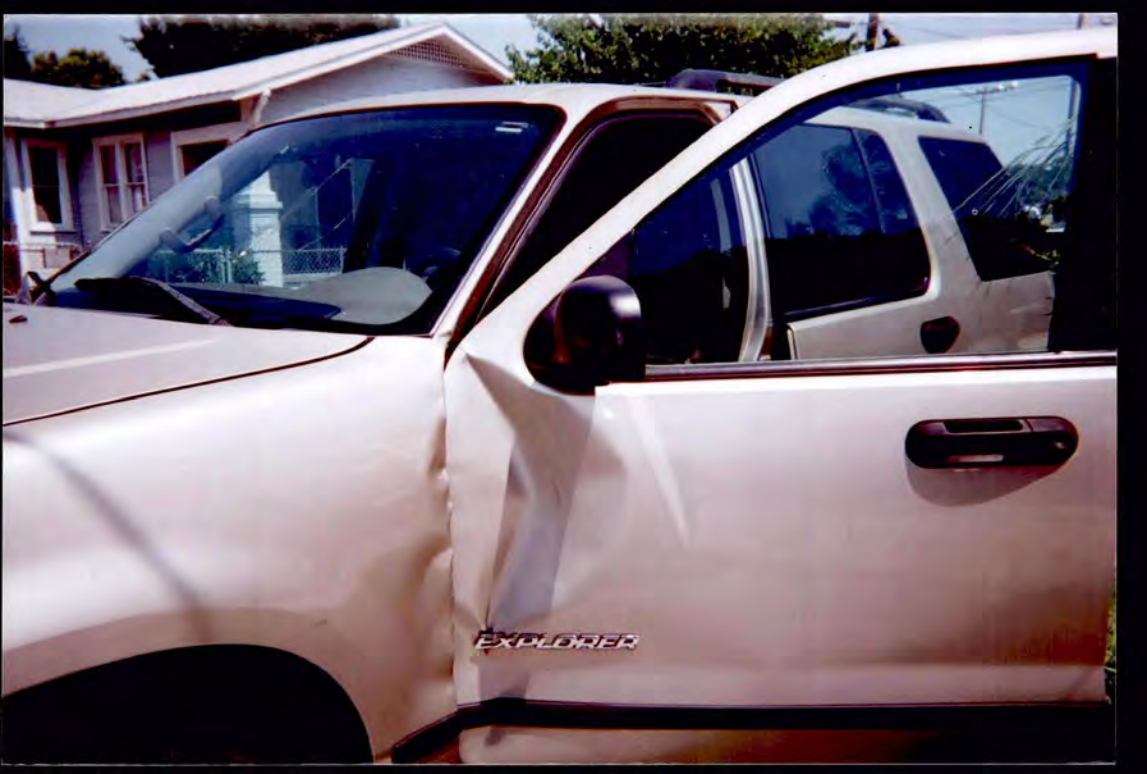
MV-00828

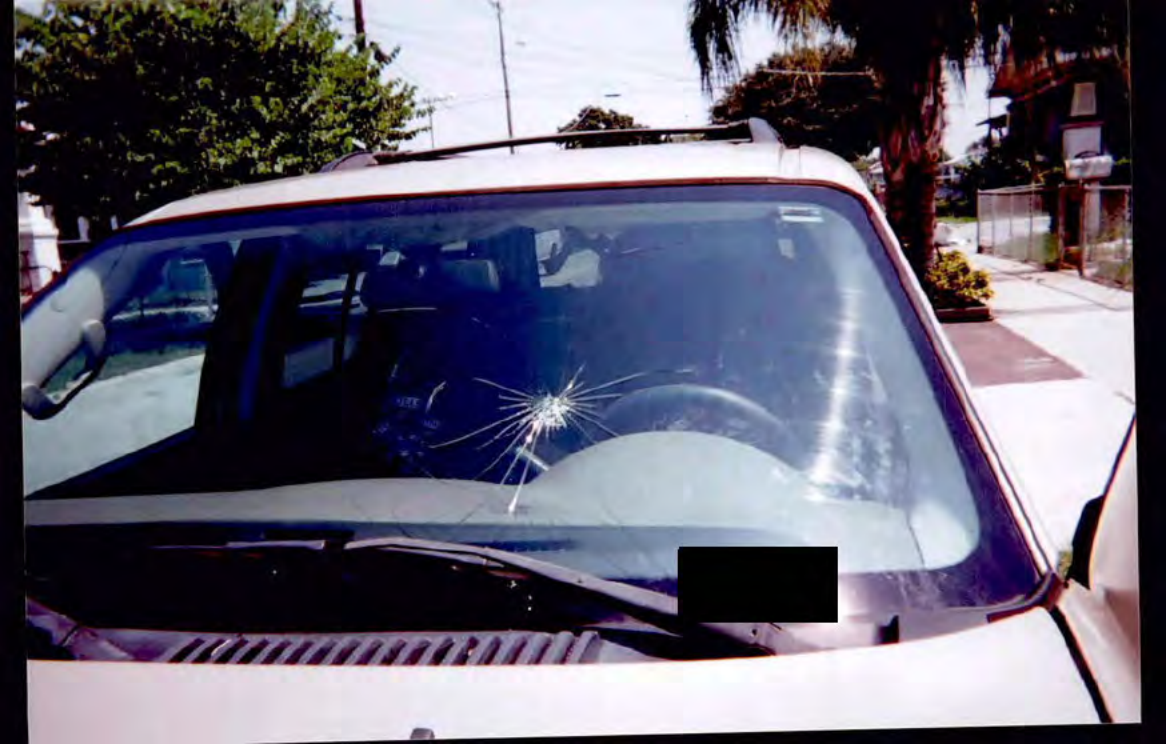
(813) 248-3156
FAX: (813) 241-2077

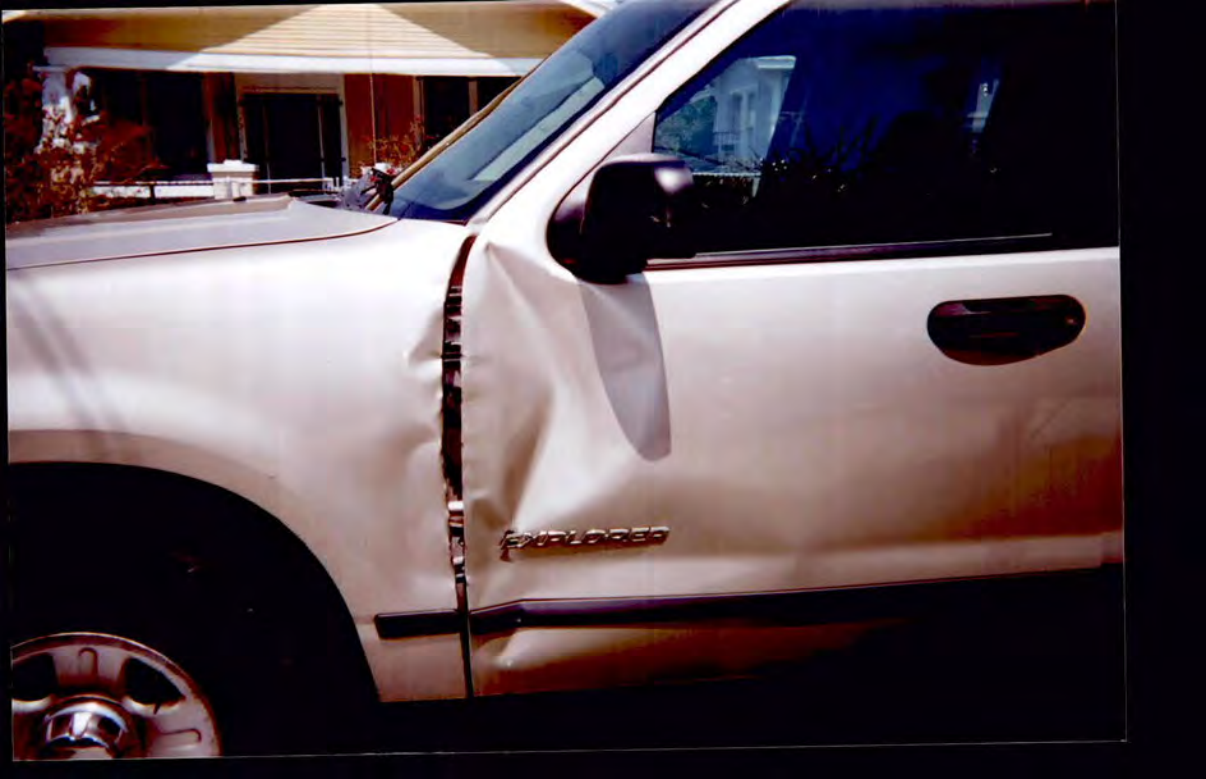
SINCE 1926

DIXIE PAINT & BODY SHOP, INC.

COMPLETE AUTO BODY & COLLISION WORK


EXPLORER

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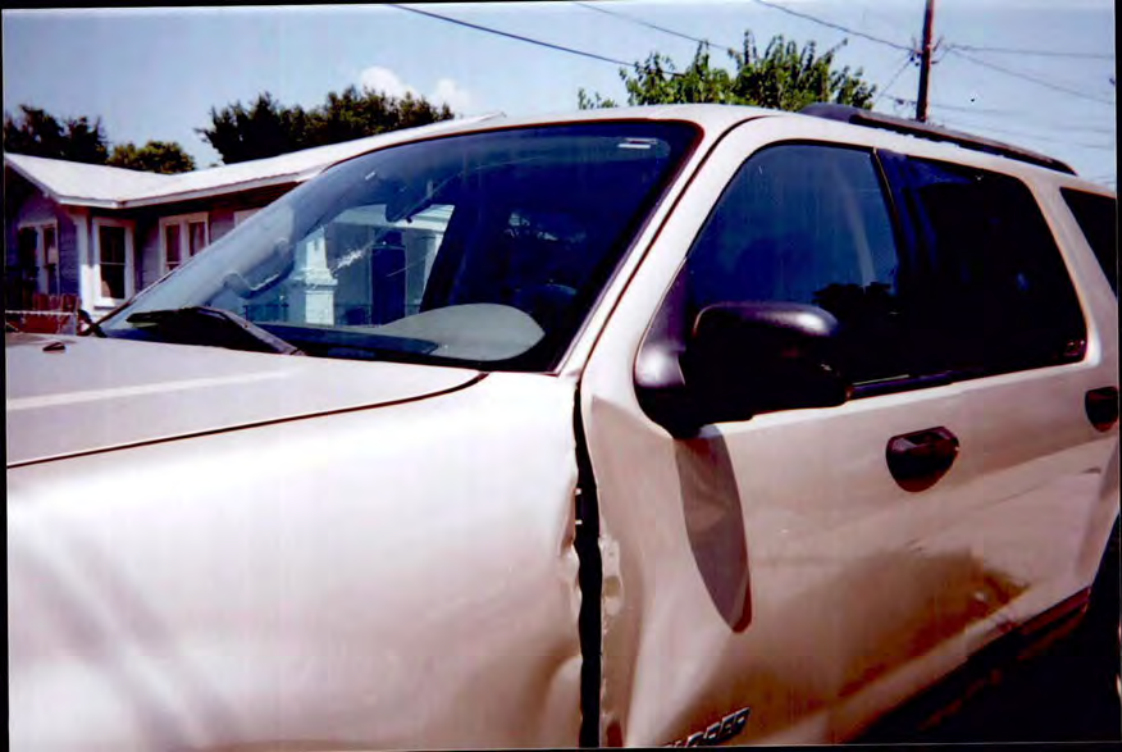

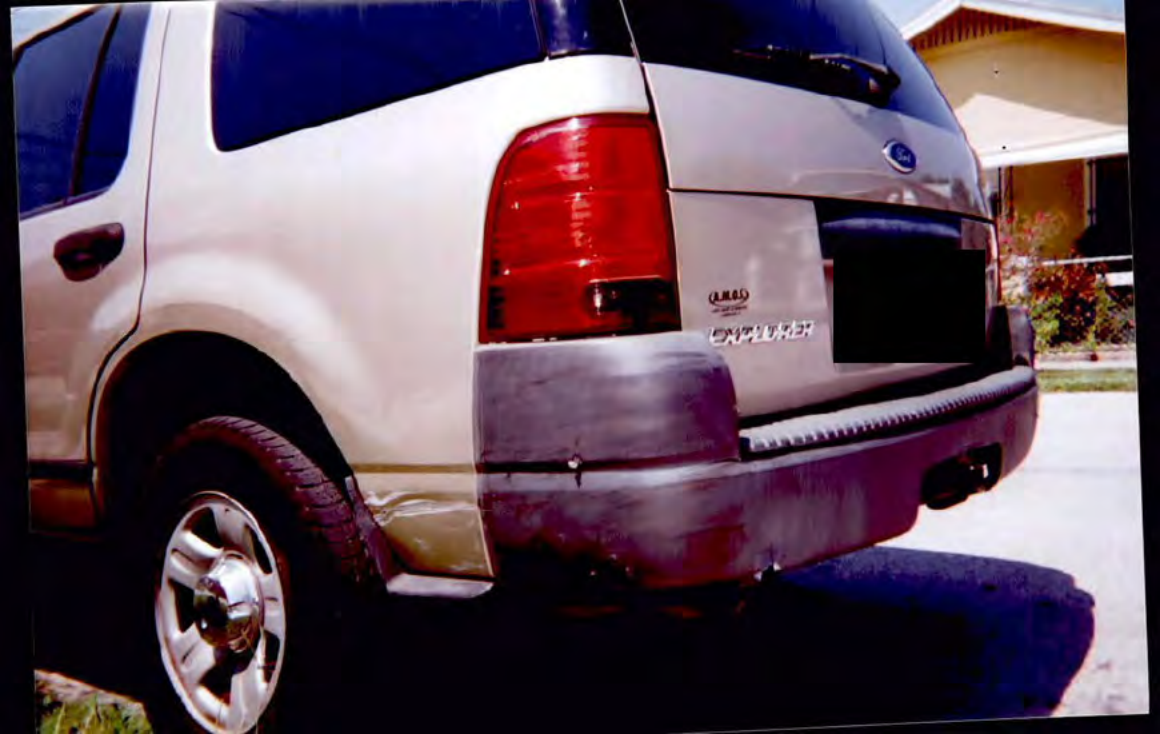
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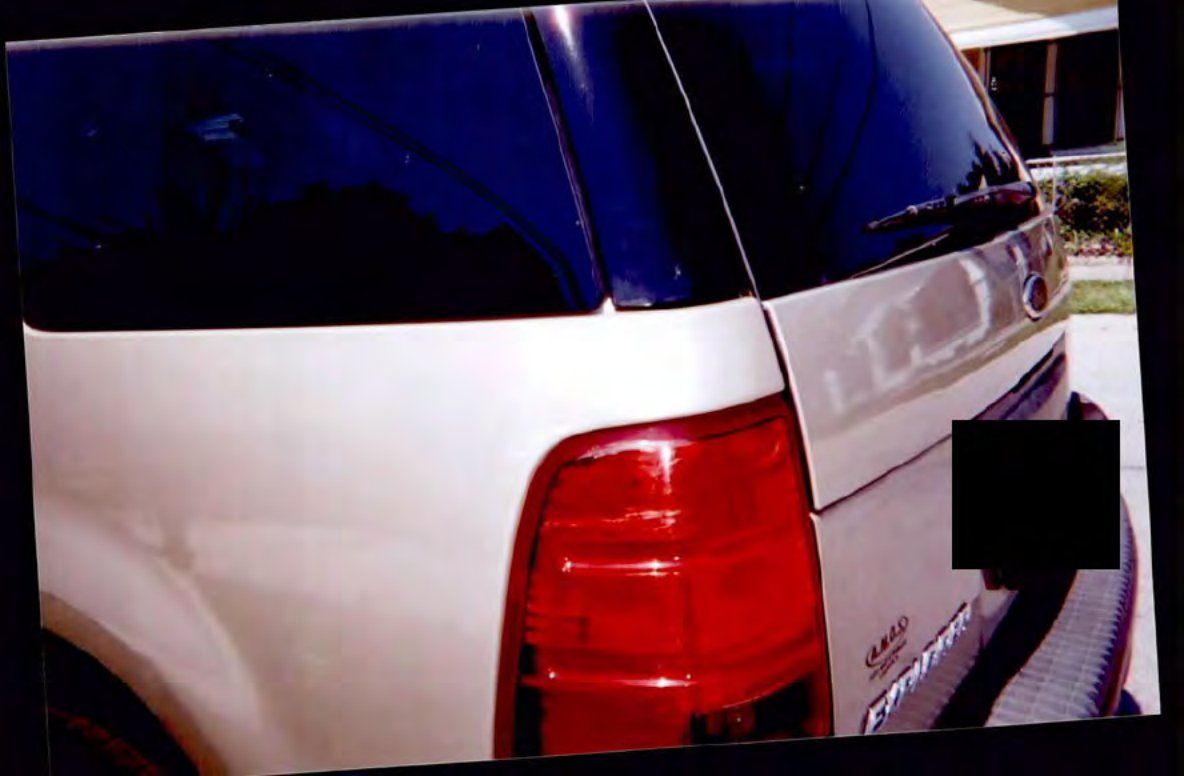

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.