Form Approved: O.M.B. No. 2127-0008

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 ☐
20-SEP-2011	Reference No. 10426515

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City CARLSBAD	State CA	Zip Code [redacted]	

Daytime Telephone Number	E-mail Address
[redacted]	[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
1FMZU64W82[redacted]	FORD	EXPLORER	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
3/08	Meadow Robins Ford				
Original Owner ☒	Dealer's City COSTA MESA	State CA	Zip Code 92627	8	

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☒ Antilock Brakes ☒ Cruise Control			15-MAY-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage	Failure Speed
	151957	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:
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			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 WHILE SHIFTING INTO PARK, THE GEAR SHIFTER FRACTURED. THE CONTACT WAS UNABLE TO MANEUVER THE SHIFTER SO THE CONTACT TOWED THE VEHICLE TO THE DEALER WHERE THE DEALER REPLACED THE ENTIRE STEERING COLUMN. THE FAILURE MILEAGE WAS 151,957.

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

Ken Grody Ford
Phone: 760-438-9171
5555 Paseo del Norte
Carlsbad, CA 92008
www.kengrodyford.com

[redacted]
Carlsbad, CA [redacted]
Phone (H): ([redacted) Phone (W):
Phone (C): ([redacted) Phone Oth:

Year/Make/Model: 2002 Ford Explorer
VIN: 1FMZU64W8 2Z[redacted]
License Number: [redacted] Color:
Stock Number: Mileage In: 151957
Tag Number: 8935 Mileage Out: 151957

A/R Number:
Customer Number: 385301
PO Number:
Auth Number:
Service Writer: 105
Estimate Amount: $
Terms & Conditions:
Type of Sale: Retail
Customer Signature

Invoice Number **18556**
Printed: 05/16/2011 1:04 PM
Copy # 2
Date Opened: 05/16/11
Date Notified: 05/16/11
Date Delivered:

Description	QtyOrd	Qty Del	Price	Ext Total	Grand Total
1. Customer statement of problem					
Customer States SHIFT LEVER BROKE OFF, KEY IN VEHICLE AND HE THINKS BETWEEN GEARS, ADVISE					
1 -- Cause/Action to Take					
steering column broken where shifter attatched , also Ignion lock cylender coming apart,					
1 -- Correction/Action Taken					
replaced colun transfering all parts , built new & replaced cylinger, test ok					450.00
Part Number **Failed** **Description**					
5L2Z3C529A COLUMN ASY - STEERING	1	1	1175.95	1175.95	
2L2Z11582B CYLINDER - PRIVATE LOCK	1	1	105.11	105.11	
Sub Total Parts					1281.06
SubTotal Job # 1					1731.06
Recommendations					
271 done					
2. Customer statement of problem					
Customer States, Perform Tire Pressure check and Inflate Service					
LF RF					
35					
LR RR					
1 -- Cause/Action to Take					
TIS - Check and Inflate Tire pressure per CARB's California Legislature					
1 -- Correction/Action Taken					
Checked and set tire pressure as per vehicle's recommended tire presure.					0.00
SubTotal Job # 2					0.00

MAY 2 2011

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 repaiced or repaired under this claim has been connected in any way with any accident, negelence or misuse. Records supporting this claim are available for (1) year form the date of payment notification at the servicing dealer for inspecitons by representatives of Ford.

X_____
(Signed) Dealer, General Manager Or Authorized Person Date:

All parts installed are new unless specified otherwise. Please see important warranty information on reverse side.
1. Revised Estimate - Type of Repair - Date & Time - Phone# - Auth. By:
_____ - _____ - _____ - _____
2. Revised Estimate - Type of Repair - Date & Time - Phone# - Auth.

B.A.R REG. #AK 042846 E.P.A. #CAD027946862
We Recommended The Following Repairs:
1._____
2._____

Total Labor	450.00
Total Parts	1,281.06
Total Sublet	0.00
Misc. Chrgs	0.00
Car Rental	0.00
Freight	0.00
Deductible	0.00
Special Tax	0.00
Haz Mat Chrg	0.00
Sales Tax	112.09
AMOUNT DUE	**1,843.15**