


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 <b>Vehicle Owner's Questionnaire</b> 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 <b>JUL 10 2013</b> 16-NOV-2011		Repository <input type="checkbox"/> Reference No. 10436120							
<b>OWNER INFORMATION (Type or Print)</b>													
Name		Address		City		State		Zip Code		Daytime Telephone Number		E-mail Address	
HOLLAND		MI		MI		MI		MI		[REDACTED]		[REDACTED]	
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					
1FMZU73K55Z [REDACTED]				FORD		EXPLORER		2005					
Date Purchased		Dealer's Name and Telephone Number				Engine:		Fuel Type:					
6-6-11		Barber Ford 616-396-2361				No: Cylinders		6 gas					
Original Owner		Dealer's City		State		Zip Code							
[REDACTED]		Holland		MI		49423							
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:		Incident Date(s)					
Automatic		<input checked="" type="checkbox"/> Cruise Control						15-OCT-2011					
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>													
Vehicle Component Code: 130000 VISIBILITY								Failure Mileage		Failure Speed			
								80000		40			
<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		<input type="checkbox"/> Prior Repair		Failure Location:					
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> (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). 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. THE CONTACT WAS DRIVING APPROXIMATELY 40 MPH WHEN THE DEFROSTER FAILED TO OPERATE WHEN ENGAGED. THE VEHICLE WAS TAKEN TO THE DEALER FOR DIAGNOSTIC TESTING WHERE THE TECHNICIAN STATED THAT THE DASHBOARD WOULD HAVE TO BE REMOVED AND THE BLENDING CHAMBER WOULD HAVE TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 80,000.													
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>													
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.													

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

\* Dealer did a "cheap" fix on a \$700 repair.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

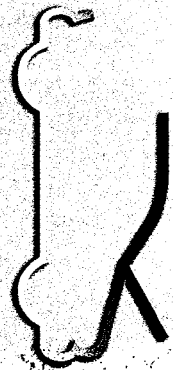
**BUSINESS REPLY MAIL**  
 FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC  
 POSTAGE WILL BE PAID BY ADDRESSEE



US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so: Use the enclosed form to file a report

or visit: [www.safercar.gov](http://www.safercar.gov)

or call: Vehicle Safety Hotline  
888-327-4236



Vehicle Owners' Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



**BARBER FORD INC.**  
 640 E 8TH STREET  
 HOLLAND, MI 49423  
 PHONE (616) 396-2361 FAX (616) 494-0399  
 WWW.BARBERFORD.NET

34044

HOLLAND MI		VEHICLE IDENTIFICATION		MILEAGE OUT	DATE OUT	INVOICE NO.	
		1FMZU73K55Z		81019	12/20/11	34044	
		YEAR	MAKE	MODEL	COLOR	TAG NO.	
		05	FORD	EXPLORER	GRAY	00000	
CUST. NO.	LICENSE	HOME PHONE	WORK PHONE	STOCK NO.	PROD. DATE	SERV. ADV.	TERMS
DD03907					00/00/00	849	CASH
CUST. LABOR RATE	DELIV. DATE	DELIV. MILES	MILEAGE IN	DATE IN	IN-SERV DATE		
	01/01/05		81019	12/20/11	01/01/05	4.0_LITER_HOC_FFV	

THANK YOU FOR CHOOSING BARBER FORD AND FOR ENTRUSTING YOUR VEHICLE TO OUR CARE. PLEASE LET US KNOW WHAT WE CAN DO TO IMPROVE YOUR NEXT SERVICE VISIT.

LINE	OP. CODE	FAIL-CD	TECH.	HOURS/QTY	TYPE	AMOUNT
A						
Com EXCESSIVE FUEL CONSUMPTION - customer states getting anywhere from 6-24 mpg						
Cor diagnosi needs t stat and reprograming parts						
and labor would be 160.00 plus tax						
	D35		A31			
Line Total.....						
B						
Com customer states very poor air flow from defrost vents, all other modes ok at this time						
Cor diagnosis and install screw in defrost acuator and retest will						
warranty the work for 1 year from 12/20/2011						
	C21		A05	1.50	C	133.50
Line Total.....						133.50
C						
Com customer states tpm light on						
Cor reset tire pressures						
	G32		A05			
Line Total.						DEC 21 2011

PAID

CUSTOMER COPY - PAGE 01

**STATEMENT OF DISCLAIMER**  
 The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise shown. Warranty 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 manufacturer's representative.

\_\_\_\_\_  
 CUSTOMER SIGNATURE

\_\_\_\_\_  
 (SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)