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 ☐
JUL 10 2013 16-NOV-2011	Reference No. 10436120

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City HOLLAND	State MI	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
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 Holland	State MI	Zip Code 49423		

Transmission Type			Multiple Failure:	Incident Date(s)
Automatic	☑ Antilock Brakes ☑ Cruise Control	Powertrain		15-OCT-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 130000 VISIBILITY	Failure Mileage	Failure Speed
	80000	40

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 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. ATTACH ADDITIONAL SHEETS IF NECESSARY

BARBER FORD INC.

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

[redacted]

[redacted]
HOLLAND MI [redacted]

VEHICLE IDENTIFICATION	MILEAGE OUT	DATE OUT	INVOICE NO.
1FMZU73K55Z[redacted]	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		[redacted]	[redacted]		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 reprogramming 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.

PAID
DEC 2 1 2011

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.

CUSTOMER SIGNATURE

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.

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