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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------|--|
| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET:www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |                                                   | FOR AGENCY USE ONLY 100148                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                             |                                                   | Date Received: <b>FEB 22 2012</b><br>24-JAN-2012                           |  |
| <b>OWNER INFORMATION (Type or Print)</b><br>Name: [REDACTED]<br>Address: [REDACTED]<br>City: FAIR OAKS State: CA Zip Code: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                             |                                                   | Repository <input type="checkbox"/><br>Reference No. 10445124              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                             |                                                   | Daytime Telephone Number [REDACTED]<br>Evening Telephone Number [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<br>1FMDU64W95Z [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                             | Make: FORD<br>Model: EXPLORER<br>Model Year: 2005 |                                                                            |  |
| Date Purchased: [REDACTED]<br>Original Owner: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Dealer's Name and Telephone Number: <b>FUTURE FORD ROSEVILLE</b><br>Dealer's City: <b>ROSEVILLE</b> State: <b>CA</b> Zip Code: <b>95661</b> |                                                   | Engine: No: Cylinders: [REDACTED]<br>Fuel Type: [REDACTED]                 |  |
| Transmission Type: <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Powertrain: [REDACTED]<br>Multiple Failure: [REDACTED]                                                                                      |                                                   | Incident Date(s): 07-DEC-2010                                              |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                             |                                                   |                                                                            |  |
| Vehicle Component Code: 162000 STRUCTURE: BODY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                             |                                                   | Failure Mileage: 20000<br>Failure Speed: [REDACTED]                        |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                             |                                                   |                                                                            |  |
| Tire Make: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Tire Model (Name or Number): [REDACTED]                                                                                                     |                                                   | Tire Size (Example P215/65R15): [REDACTED]                                 |  |
| DOT No. (Example: DOTM19ABC036): [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                                                        |                                                   | Failure Location: [REDACTED]                                               |  |
| Tire Component Code: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                             |                                                   | Tire Failure Type: [REDACTED]                                              |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                             |                                                   |                                                                            |  |
| Make: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date Manufactured: [REDACTED]                                                                                                               |                                                   | Model No./Name: [REDACTED]                                                 |  |
| Seat Type: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Installation System: [REDACTED]                                                                                                             |                                                   |                                                                            |  |
| Child Seat Component Code: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Failed Part: [REDACTED]                                                                                                                     |                                                   |                                                                            |  |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                             |                                                   |                                                                            |  |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                             |                                                   |                                                                            |  |
| Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Number of Persons Injured: [REDACTED]                                                                                                       |                                                   | Number of Deaths: [REDACTED]                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                             |                                                   | Reported to Police: N                                                      |  |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>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 STATED THAT THE LIFTGATE DOOR WAS CRACKED. THE VEHICLE WAS TAKEN TO THE DEALER WHO VERIFIED THE FAILURE AND STATED THAT THE REAR LIFTGATE NEEDED TO BE REPLACED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE WHO DID NOT OFFER ANY ASSISTANCE SINCE THE VEHICLE WAS NO LONGER UNDER WARRANTY. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 20,000 AND THE CURRENT MILEAGE WAS 45,000.<br><b>BACK PANEL THAT IS CRACKED IS ALSO COMING UNGLUED TO VEHICLE - FEAR IT CAN FALL OFF WHILE DRIVING. THIS PANEL HAS BEEN REPLACED ONCE BEFORE AT 20,000.</b><br><b>MOST REPORTED PROBLEM @ - CarComplaints.com</b> |  |                                                                                                                                             |                                                   |                                                                            |  |
| 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 to 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.                                                                                             |  |                                                                                                                                             |                                                   |                                                                            |  |