

 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			
U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 23-APR-2012 JUN 04 2012		Repository ☐	
						Reference No. 10456165	
OWNER INFORMATION (Type or Print)							
Name [REDACTED]				Daytime Telephone Number [REDACTED]		E-mail Address [REDACTED]	
Address [REDACTED]				Evening Telephone Number [REDACTED]			
City GREENSBORO		State NC		Zip Code [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).							
VEHICLE INFORMATION							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMCU22X4TU [REDACTED]				Make FORD		Model EXPLORER	
						Model Year 1996	
Date Purchased 3/5/97		Dealer's Name and Telephone Number Crown Honda 336-884-9900				Engine:	
Original Owner ☐		Dealer's City Greensboro		State NC		No: Cylinders 6	
				Zip Code 274		Fuel Type: Gasoline	
Transmission Type AUTO		☒ Antilock Brakes		Powertrain Automatic Trans		Multiple Failure: yes, same seat belt clasp problem 10/16/03	
		☒ Cruise Control				Incident Date(s) 01-FEB-2012	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Vehicle Component Code: 150000 SEAT BELTS Previous "same" seat belt failure 10/16/03. Part # F57Z786 (203D) replaced. Repeat failure 2/1/12.						Failure Mileage 140000	
						Failure Speed	
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: DOTM19ABC036)		☐ Original Equipment		Failure Location:			
		☐ Prior Repair					
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 ☐ Yes ☒ No		Fire ☐ Yes ☒ No		Number of Persons Injured		Number of Deaths	
						Reported to Police 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 1996 FORD EXPLORER SPORT. THE CONTACT STATED THAT THE DRIVER SIDE SEAT BELT CLASP COULD NOT BE SECURED. THE VEHICLE WAS TAKEN TO THE DEALER WHO ADVISED THAT THE SEAT BELT NEEDED TO BE REPLACED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE WHO DID NOT OFFER ANY ASSISTANCE SINCE THERE WERE NO RECALLS RELATED TO THE FAILURE. THE FAILURE AND CURRENT MILEAGE WAS 140,000.							
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 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)

SAFETY RESTRAINT SEAT BELT CLASP - DRIVER'S SIDE - FAILURE
(2ND OCCURRENCE) FORD PART REPLACEMENT

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

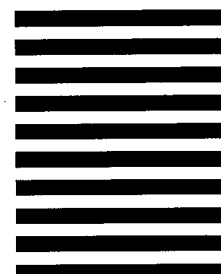
**National Highway
Traffic Safety
Administration**

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

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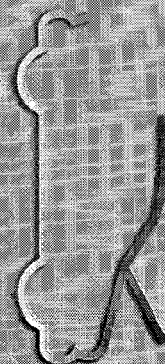
WASHINGTON, DC

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

or call:

**Vehicle Safety Hotline
888-327-4236**



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

safercar.gov