

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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| <br>U.S. Department of Transportation<br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)</b><br>DOT Auto Safety Hotline                                                                                   |              | FOR AGENCY USE ONLY 100148                                                           |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET: www.nhtsa.dot.gov/hotline |              | Date Received<br><div style="font-size: 1.5em; font-weight: bold;">SEP 02 2015</div> |                    |
| Repository <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Reference No.<br>10733768                                                                                                                                      |              | E-mail Address                                                                       |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                |              | Daytime Telephone Number                                                             |                    |
| Evening Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                |              |                                                                                      |                    |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                |              |                                                                                      |                    |
| Name <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                |              |                                                                                      |                    |
| Address <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |              |                                                                                      |                    |
| City<br>PITTSBURG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | State<br>PA                                                                                                                                                    |              | Zip Code<br><span style="background-color: black; color: black;">[REDACTED]</span>   |                    |
| 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>1FMZU72K55L <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                | Make<br>FORD |                                                                                      | Model Year<br>2005 |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Dealer's Name and Telephone Number                                                                                                                             |              | Engine:<br>No: Cylinders                                                             |                    |
| Original Owner<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Dealer's City                                                                                                                                                  |              | Fuel Type:                                                                           |                    |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Zip Code                                                                                                                                                       |              |                                                                                      |                    |
| Transmission Type<br><input type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Powertrain                                                                                                                                                     |              | Multiple Failure:                                                                    |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                |              | Incident Date(s)<br>22-JUN-2015                                                      |                    |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |              |                                                                                      |                    |
| Vehicle Component Codes: 100000 POWER TRAIN, 180000 VEHICLE SPEED CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                |              | Failure Mileage<br>160000                                                            |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                |              | Failure Speed<br>5                                                                   |                    |
| <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<br><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><br>(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |              |                                                                                      |                    |
| Crash<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                    |              | Number of Persons Injured<br>0                                                       |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                |              | Number of Deaths<br>0                                                                |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                |              | Reported to Police<br>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. WHILE DRIVING AT 5 MPH, THE BRAKE PEDAL WAS DEPRESSED BUT THE VEHICLE UNEXPECTEDLY ACCELERATED. AS A RESULT, THE VEHICLE CRASHED INTO THE CONTACT'S GARAGE. THERE WERE NO INJURIES. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 160,000.                                                                                                                                                                                                                   |  |                                                                                                                                                                |              |                                                                                      |                    |
| Wrecked A ntoher CAR IN<br>the garage A 1985 Buick CAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                |              |                                                                                      |                    |
| 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. |  |                                                                                                                                                                |              |                                                                                      |                    |