



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 436

Date Received

14-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8002144

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield and door frame)		Vehicle Make FORD TRUCK	Vehicle Model EXPLORER	Vehicle Year 1991	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02330000	Part Name(s) SUSPENSION:TWIN I-BEAM:SOLID:FRONT:RADIUS ARM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 01-JAN-2002 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FRAME HAS BROKEN AT RADIUS ARM. *AK

COPIES OF REPORTS - FREE -

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 436 Date Received <u>02 FEB 25 AM</u> <u>01-JAN-2002</u> EFFECTS <u>DEFECT</u> Reference No. <u>8002144</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 733555			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorized signature, NHTSA will NOT provide your name and address to the vehicle manufacturer. ☒ YES ☐ NO			
Signature of Owner _____ Date <u>1/25/02</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at front of windshield or driver's side) <u>1FMDU34XIMUD35218</u>		Vehicle Make <u>FORD TRUCK</u>	Vehicle Model <u>EXPLORER</u>
		Vehicle Year <u>1991</u>	Current Odometer Reading <u>208676</u>
Purchase Date <u>10/20/2001</u> ☐ New ☒ Used		Engine Size (CID/CC/L) <u>4-16</u> No. Cylinders <u>16</u> ☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection	
Dealer's Name <u>Neighbor</u> City <u>Bronx</u> State <u>NY</u> Zip Code <u>10468</u>			
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driver's Side Airbag ☐ 2-Point Belt ☐ Passenger's Side Airbag	Cruise Control ☒ Yes ☐ No
		Drive Type ☐ Front Wheel ☒ Rear Wheel ☐ 4-Wheel	Vehicle Type ☐ Car ☒ Sport Jit ☐ Truck ☐ Motorcycle ☐ Van ☐ Minivan ☐ Other
		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02330000</u>	Part Name(s) <u>SUSPENSION: TWIN I-BEAM: SOLID: FRONT: RAD: US ARM</u>	Location ☐ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☐ Original ☒ Replacement
No of Failures <u>2</u>	Date(s) of Failure(s) <u>01-JAN-2002</u> Mileage at Failure(s) <u>DISCOVERED 208676</u> Vehicle Speed at Failure(s) <u>0 Found when up on back</u>		Failed Part(s) ☒ Yes ☐ No
		NHTSA Previously ☐ Yes ☒ No	
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>N/A</u>	Number of Fatalities <u>N/A</u>
		Estimated Property Damage <u>N/A</u>	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
FRAME HAS BROKEN AT I-RADIUS ARM. *AK <u>Frame Cross members Left V FOTA 3 B095AB Broken at Radius</u> <u>Right V FOTA 3 B183AB Arms</u>			

CONTINUE ON BACK IF NEEDED

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INFORMATION ON TIRE FAILURE(S) IF APPLICABLE:

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SIZE

NARRATIVE DESCRIPTION (CONTINUED)

These Cruise members are part of the support for the I beam type grant axle.

COVINGTON, KY
PM
DEC 10 1964

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