Form Approved: O.M.B. No. 2127-0002

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 1039

Date Received

04-MAR-2002

Od_or ______ ______
rt_dt ______ ______
od_rt ______ ______
up_ltr ______ ______

Reference No.

8004867

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FMZU67E02UB80376	**FORD TRUCK**	**EXPLORER SPOR**	**2002**	

Purchase Dat

☒ New ☐ Used

Dealer's Name______________________

City______________ State________ Zip Code__________

Engine Size (CID/CC/L ______

No Cylinders ______

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other________	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other______

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02400000	**SUSPENSION:SINGLE AXLE:REAR**	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 25-FEB-2002 Mileage at Failure(s 3 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING VEHICLE WOULD SWAY LEFT TO RIGHT. TOOK TO DEALER ,AND DEALER INDICATED REAR AXLE TUBE WAS CROOKED.*AK

CONTINUE ON BACK IF NEEDED

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.

Form Approved: O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1039

Date Received
04-MAR-2002
OFFICE
DEFECTS INVESTIGATION

Od_or ______
rt_dt ______
od_rt ______
up_ltr ______

Reference No.
8004867

OWNER INFORMATION [redacted]

Work Number [redacted]
Home

Do you authorize [redacted] rer of your vehicle? ☐ YES ☐ NO
In the absence [redacted] ne and address to the vehicle manufacturer.
Signature of Ow [redacted] Date 3/4/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1FMZU67E02UB80376	FORD TRUCK	EXPLORER SPOR	2002	4002

Purchase Date 1/25/02
☒ New ☐ Used
Dealer's Name ATKINSON FORD
City BELLEVILLE State MI Zip Code [illegible]
Engine Siz (C.D/CC/L) 4.0L
No Cylinders 6
☐ Turbo ☐ Diesel ☑ Gas ☑ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☑ Automatic	☑ Yes ☐ No	☑ 3-Point Belt ☑ Driverside Airbag ☑ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☑ Yes ☐ No	2 wheel drive ☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ____ ☐ Sport Ut ☑ Truck ☐ Motorcycle	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02400000	SUSPENSION:SINGLE AXLE:REAR	☐ Left ☐ Right ☐ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures
Date(s) of Failure(s) 25-FEB-2002 From Purchase date 1/25/02
Mileage at Failure(s) [illegible]
Vehicle Speed at Failure(s) [illegible]
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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☑ No	☐ Yes ☑ No				☐ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING VEHICLE WOULD SWAY LEFT TO RIGHT. TOOK TO DEALER ,AND DEALER INDICATED REAR AXLE TUBE WAS CROOKED.*AK

I [illegible] I was at Ford Motor Dearborn [illegible]
This was a Previously Test Driven Vehicle from Factory [illegible] Car Was Selected At Random.

Severe Swaying At Normal Drive Speeds [illegible]
[illegible] Brought [illegible] Dealer [illegible] Highway Speeds [illegible]

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

[redacted]

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D	O	T	P	2	3	5	7	5	R	1	6		MANUFACTURER/TIRE NAME GOODYEAR WRANGLER RTS	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

☆ U.S. G.P.O.: 1992 – 623-897 / [illegible]

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590