Form Approved: OMB No. 2127-0042

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 1220

Date Received: 03-MAY-2002

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 8009112

[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.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FMDU34X5TZB03263	FORD TRUCK	EXPLORER	1996	

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 Ult ☐ 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
02100000 07300000	SUSPENSION:INDEPENDENT FRONT POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s 114000 Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ 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 MAKES A LOUD HUMMING SOUND WHICH COMES FROM FRONT END OF VEHICLE. ALSO, TRANSMISSION HAS FAILED. CONSUMER CONSTANTLY HAS TO TAKE VEHICLE TO DEALER. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON NEXT PAGE

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

DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 1220

Date Received
03-MAY-2002

Od_or
rt_dt
od_rt
up_ltr

Reference No.
8009112

OWNER INFORMATION (Type or Print)

[redacted] 752156

COLUMBUS [redacted] NJ

Work Numbe [redacted]
Home Numbe [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an author[redacted]ddress to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/15/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1FMDU34X5TZB03263	FORD TRUCK	EXPLORER	1996	

Purchase Date
☐ New ☒ Used

Dealer's Name
City State Zip Code

Engine Siz (CID/CC/L
No Cylinders
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectic

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 ☑ Wheel	☐ Car ☑ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
02100000 07300000	SUSPENSION:INDEPENDENT FRONT POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures		Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s) Mileage at Failure(s) 114000 Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ 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 MAKES A LOUD HUMMING SOUND WHICH COMES FROM FRONT END OF VEHICLE. ALSO, TRANSMISSION HAS FAILED. CONSUMER CONSTANTLY HAS TO TAKE VEHICLE TO DEALER. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

FR 5/20/02

Re: ODI #8009112

021

DEFECT

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
CONSUMER SERVICE CENTER
124 HALSEY STREET, 3RD FLOOR, NEWARK NJ

JAMES E. McGREEVEY
Governor

DAVID SAMSON
Attorney General
RENI ERDOS
Acting Director

Mailing Address:
P.O. Box 45025
Newark, NJ 07101
(973) 504-6200

COPIED

May 3, 2002

National Highway Traffic Safety
Administration
400 7th Street, SW
Washington, DC 20590
(202)-366-0123

DEFECTS INVESTIGATION

Re: Ford Motor Company
File No.: 02-00669

Dear Sir/Madam:

This follow-up information was sent to the Office of Consumer Protection. We are forwarding it to you for your review and response.

DEFECTS INVESTIGATION

Sincerely,

Patricia D. Pate

Patricia D. Pate
Supervisor
Consumer Service Center

PDP:ss

11/20/01

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
P.O. Box 45025
NEWARK, NEW JERSEY 07101
(973) 504-6200
(800)-242-5846
E-MAIL: ASKCONSUMERAFFAIRS@SMTP.LPS.STATE.NJ.US

COMPLAINT REPORTED BY:	COMPLAINT REPORTED AGAINST:
NAME: [redacted]	BUSINESS: Ford Motor Company
ADDRESS: [redacted]	ADDRESS: 11800 Executive Plaza Drive
CITY: Lakewood	CITY: Dearborn
STATE: New Jersey ZIP: [redacted]	STATE: MI ZIP: 48121
HOME TELEPHONE NUMBER: [redacted]	TELEPHONE NUMBER (1): 1800 392-3673
WORK TELEPHONE NUMBER: [redacted]	TELEPHONE NUMBER (2):
E-MAIL ADDRESS: [redacted]	

For statistical and informational purposes only. Your age: ☐ 18-29 ☑ 30-44 ☐ 45-59 ☐ 60 or older

1. Nature of complaint (please check the appropriate box(es)):

☑ Automotive	☑ Automotive Repairs	☐ Banking	☐ Credit Card
☐ Charity	☐ Direct Mail/Sweepstakes	☐ Home Repair	☐ Internet/Cyberspace
☐ Professional Service	☐ Stocks/Securities	☐ Telemarketing	☐ Telecommunications
☐ Bingo/Raffle	☐ Health Club	☐ Warranty	☐ Advertising
☐ Wheelchair Lemon Law	☐ Weighing/Measuring Devices	☐ Used Car Lemon Law	☐ New Car Lemon Law

☑ Other (specify) Since 1998 after purchasing the vehicle

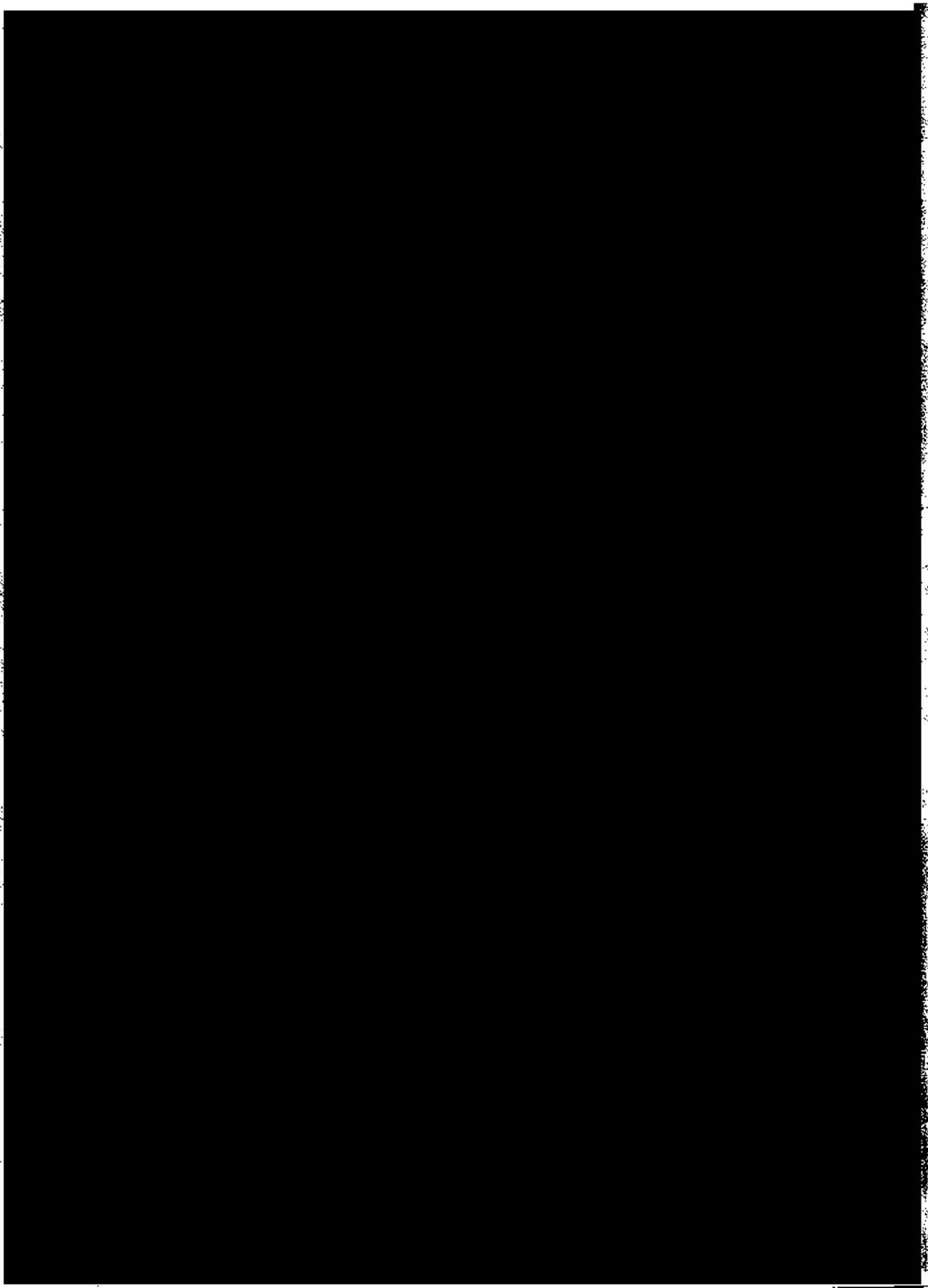
2. If your complaint involves a motor vehicle, please provide the following information:
   a. ☑ New ☐ Used
   b. ☐ Purchased ☐ Leased
   c. Purchase Price $ 35,999 Current Mileage 114,123
   d. Date of purchase 4/1/96 ☑ With Warranty ☑ With Service Contract ☐ As Is
   e. Make FORD Model Explorer Year 1996

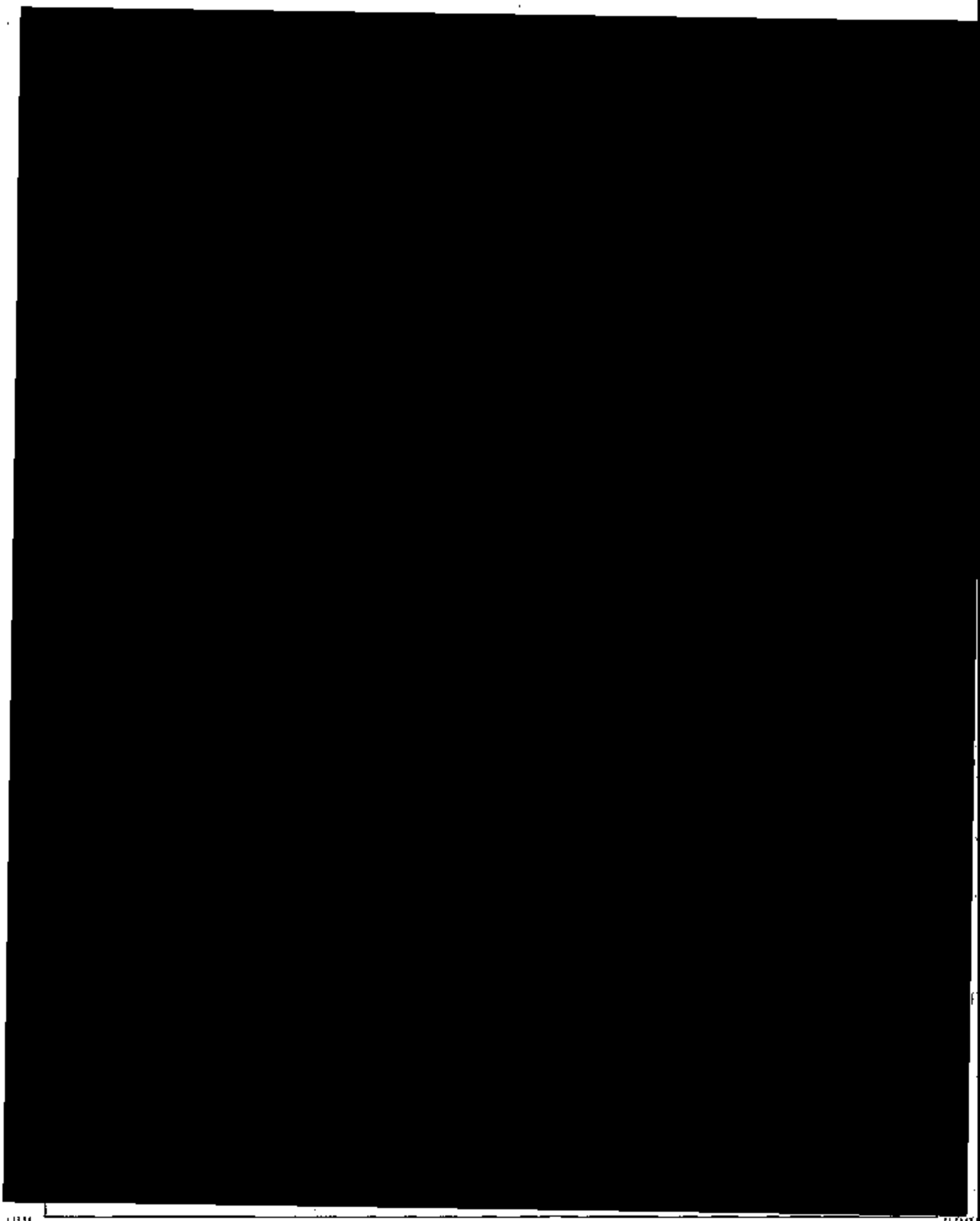
3. Name of company with which you dealt: Capital City FORD, Trenton NJ

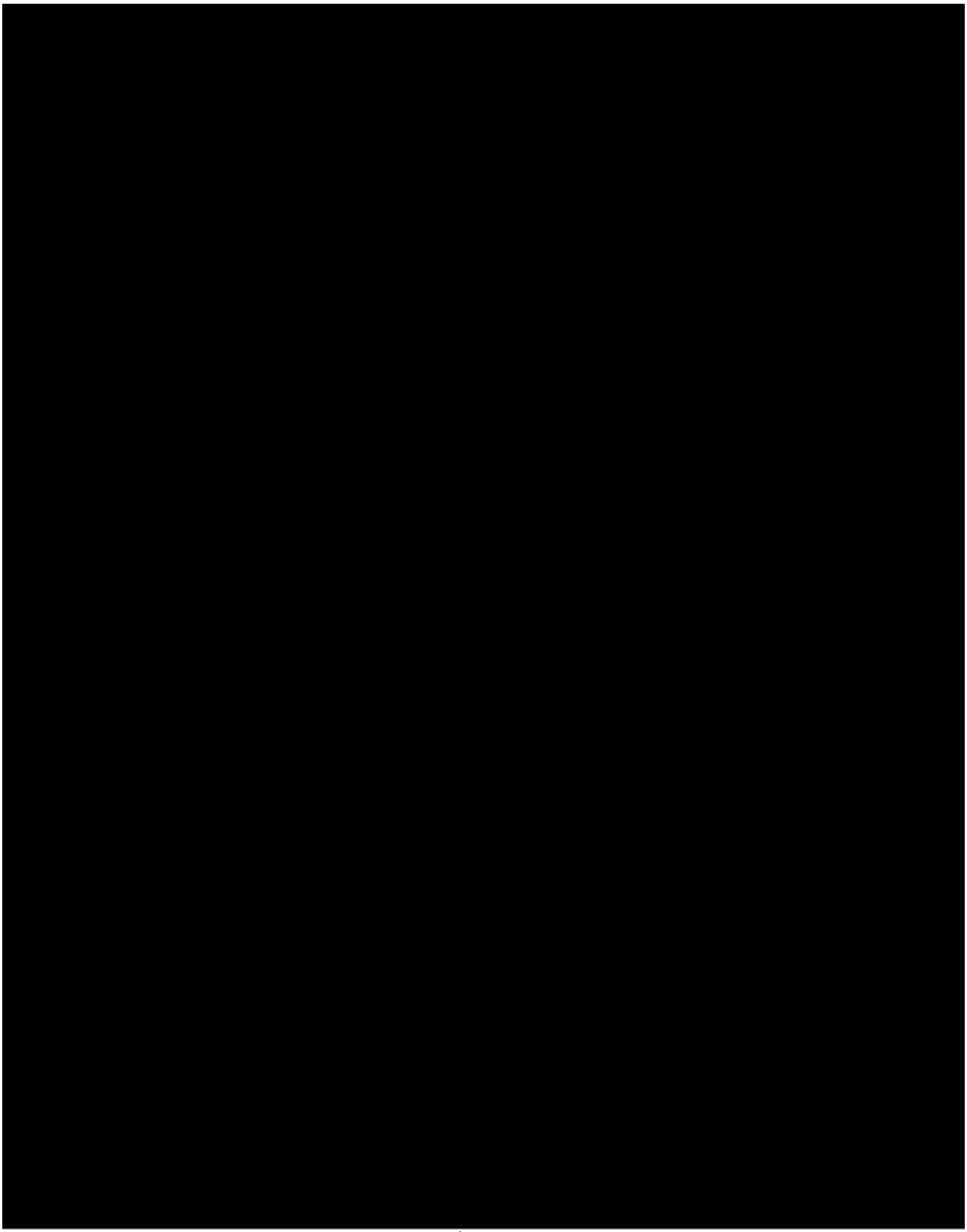
   Name and title of company agents or employees with whom you dealt: Ford Motor Company headquarter

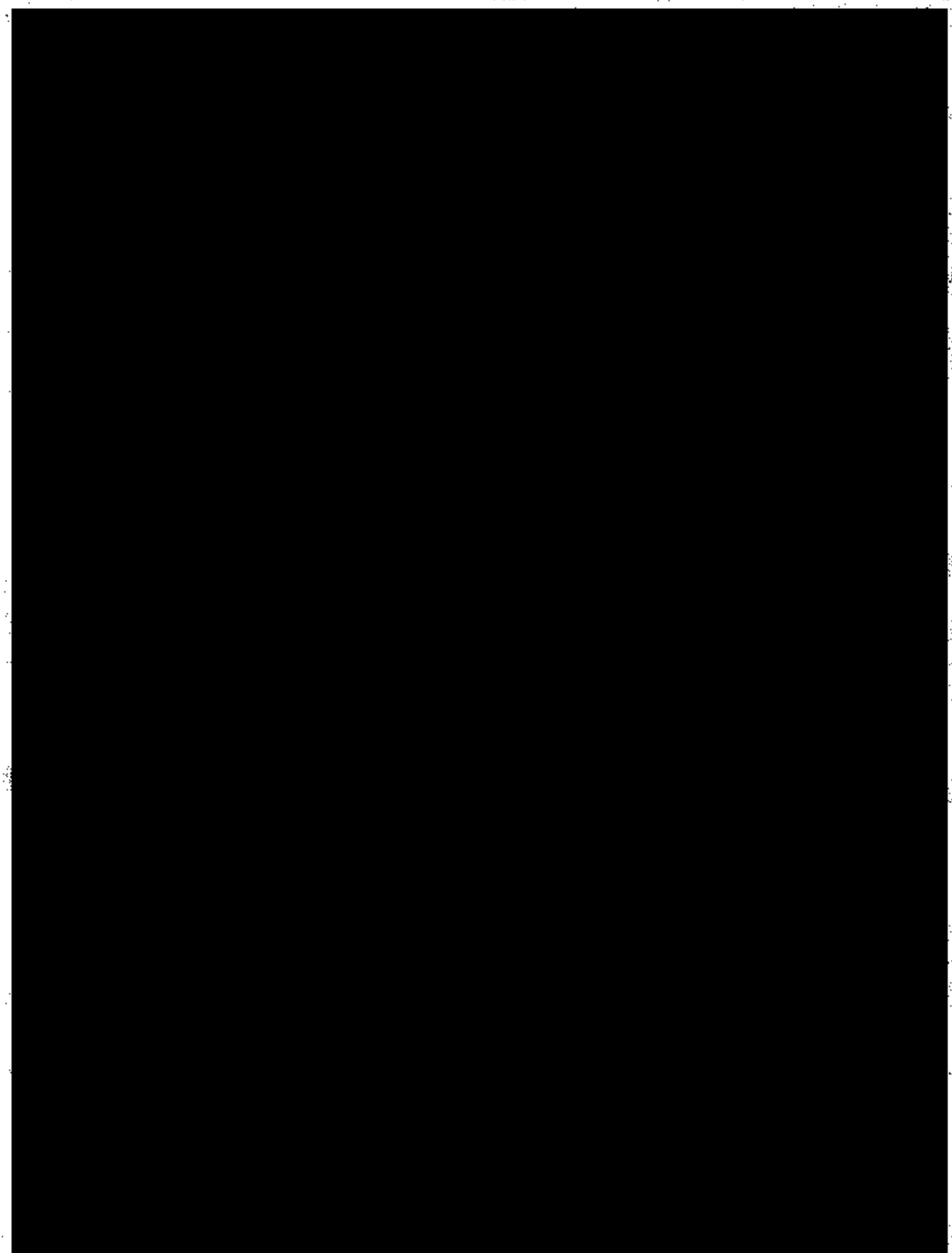
THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)

(Page 1 through Page 12)









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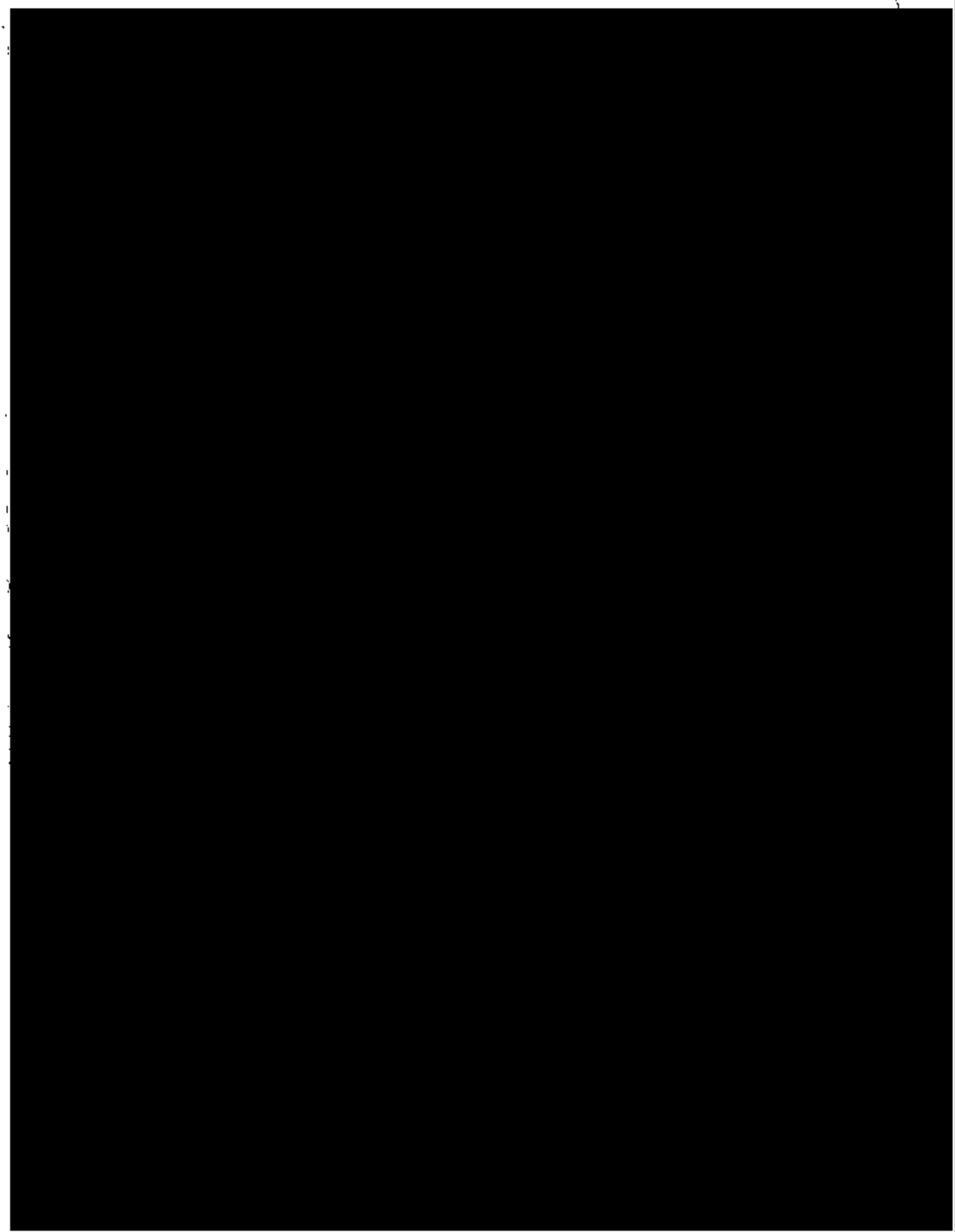

[redacted]