



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 241

Date Received

19-JUN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8012183

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                                  | Vehicle Model                                               | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                                |
| 1FMZU73E12UA14931                                                                                |                                                                        | FORD TRUCK                                                                                                                                                                                                                    | EXPEDITION                                                  | 2002                                                                                                                                         |                                                                                                                                                                                                                                                         |
| Purchase Date                                                                                    | Dealer's Name _____                                                    |                                                                                                                                                                                                                               | Engine Size<br>(CID/CC/L _____)                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                            | City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                                               | No Cylinders _____                                          |                                                                                                                                              |                                                                                                                                                                                                                                                         |
| Transmission Type                                                                                | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                              | Cruise Control                                              | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                            | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                                  |                                                                        |                                                                                                                                                                                                                               |                                                             |                                                                                                                                              | Body Style                                                                                                                                                                                                                                              |
|                                                                                                  |                                                                        |                                                                                                                                                                                                                               |                                                             |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____                                                |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                          |                                                                                                                                          |                                                                                             |
|-----------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>06410000 | Part Name(s)<br>FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) _____ 20-APR-2002                    | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |
|                       | Mileage at Failure(s) _____ 10000                        |                                                                                                                                          |                                                                                             |
|                       | Vehicle Speed at Failure(s) _____                        |                                                                                                                                          |                                                                                             |

### APPLICATION INCIDENT INFORMATION

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

|                                                                   |                                                                  |                           |                      |                          |                                                                                |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

WHEN MAKING SUDDEN STOP OR FROM A STOP POSITION VEHICLE WOULD MOMENTARILY HESITATE BEFORE JERKING INTO GEAR WHEN APPLYING ACCELERATOR PEDAL. VEHICLE BEEN TO DEALER ON THREE OCCASIONS, AND WAS UNABLE TO LOCATE CAUSE OF PROBLEM. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK

COPIES OF THIS FORM ARE:

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.



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 241

Date Received

DEFECTS INVESTIGATION

2002

Reference No.

0912183

Work Number

Home Number

## OWNER INFORMATION (Type or Print)

UPPER MARLBORO

MD

759925

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

YES

NO

In the absence of an

address to the vehicle manufacturer.

Signature of Owner

Date 6/28/02

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

1FMZU73E12UA14931

Vehicle Make

FORD TRUCK

Vehicle Model

EXPLORER

Vehicle Year

2002

Current Odometer Reading

12,123.6

Purchase Date

3/30/01

Dealer's Name

SHEEHY Auto STORES

Engine Size

(CID/CC/L

No Cylinders

6

Turbo

Diesel

Gas

Fuel Injectio

☒ New ☐ Used

City

Marlow Heights

State

MD

Zip Code

20746

Transmission Type

☐ Manual

☒ Automatic

Antilock Brakes

☒ Yes

☐ No

Restraint System

☒ 3-Point Belt

☐ Driveside Airbag

☐ Passengerside Airbag

Motorbelt

☐ 2-Point Bel

Cruise Control

☒ Yes

☐ No

Drive Train

☐ Front

☐ Rear

☒ 4-Wheel

Vehicle Type

☐ Car

☐ Van

☐ Minivan

☐ Other

Sport Ut

☒ Truck

☐ Motorcycle

Body Style

☐ 2-Door

☒ 4-Door

☐ Stationwagon

☐ Pick Up

☒ Truck

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component

06410000

Part Name(s)

FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL

Location

☐ Left

☐ Front

☐ Right

☐ Rear

Failed Part(s)

☐ Original

☐ Replacement

No of Failures

Date(s) of Failure(s)

20-APR-2002

Mileage at Failure(s)

10000

Vehicle Speed at Failure(s)

11,490 + 10,798

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 Damage

—

Reported to Police

☐ Yes

☒ No

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

WHEN MAKING SUDDEN STOP OR FROM A STOP POSITION VEHICLE WOULD MOMENTARILY HESITATE BEFORE JERKING INTO GEAR WHEN APPLYING ACCELERATOR PEDAL. VEHICLE BEEN TO DEALER ON THREE OCCASIONS, AND WAS UNABLE TO LOCATE CAUSE OF PROBLEM. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK

Also, when making a sudden stop, the truck will not accelerate, it will just make a grinding noise. I then will have to put in park and restart truck.

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.

over

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

See attached letters for additional information  
regarding failures.

Attachments

P.S. I also contacted the Consumer Protection Division,  
Maryland Attorney General's Office, and the Maryland  
MVA in Glen Burnie, MD.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

**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  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

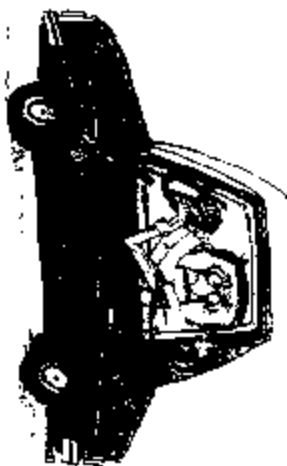
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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<http://www.nhtsa.dot.gov/hotline>

**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 \_\_\_\_ / through Page \_\_\_\_)***





