



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 758

Date Received

04-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

889682

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 or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMDU34XXSZA89195		FORD TRUCK	EXPLORER	1995	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12364000	Part Name(s) INTERIOR SYSTEMS:BUCKET:BACK REST	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 06-APR-2001 100000 Mileage 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)

CONSUMER JUST STARTED TO DRIVE WHEN DRIVER'S SEATBACK FELL BACK, LATCH ASSEMBLY HAD TO BE REPLACED. *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 TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4238

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received

 RECEIVED
 04 JUN 2001
 07 JUL -3 AM 11

Od_or

rt_dt

bd_r1

up_ltr

Reference No.

889682

Work Number

Home Number

OWNER INFORMATION (Type or Print)

695512

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 6/28/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)

(Located at bottom of
windshield on driver's side)

1FMDU34XXSZA89195

Vehicle Make

FORD TRUCK

Vehicle Model

EXPLORER

Vehicle Year

1995

Current Odometer Reading

Purchase Date

Dealer's Name

Engine Size

(CID/CC/L)

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☐ New ☒ Used

City

State

Zip Code

No Cylinders

Transmission Type

☐ Manual☒ Automatic

AntiLock Brakes

☒ Yes☐ No

Restraint System

☐ 3-Point Belt☐ Motorbelt☐ Driverside Airbag☐ 2-Point Belt☐ Passengerside Airbag

Cruise Control

☒ Yes☐ No

Drive Train

☐ Front☐ Rear☐ 4-Wheel

Vehicle Type

☐ Car☐ Van☐ Minivan☐ Other☐ Sport Ult☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

12364000

Part Name(s)

INTERIOR SYSTEMS:BUCKET:BACK REST

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 06-APR-2001

Mileage at Failure(s) 100000

Vehicle Speed at Failure(s)

Failed Part(s)

Available?

☐ Yes ☐ No

NHTSA Previously

Contacted?

☐ 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)

CONSUMER JUST STARTED TO DRIVE WHEN DRIVER'S SEATBACK FELL BACK, LATCH
ASSEMBLY HAD TO BE REPLACED. *AK

CONTINUE ON BACK IF NEEDED

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