Form Approved: OMB No. 2127-0001

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: 15-AUG-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ op_ltr ____ ____
	Reference No.: 894447

[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
1FMYU22X2XUA59899	FORD TRUCK	EXPLORER	1999	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(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
07300000 07390010 06540000	POWER TRAIN:TRANSMISSION:AUTOMATIC POWER TRAIN:TRANSMISSION:AUTOMATIC TORQUE CONVERTE EXHAUST GAS RECIRCULATION VALVE (EGR VALVE)	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) 08-JAN-2001 Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ 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)

AUTOMATIC TRANSMISSION IS SLIPPING IN ANY GEAR. IT DOESN'T SHIFT GEARS CORRECTLY WHEN ACCELERATING. TRANSMISSION ONLY SHIFTS CORRECTLY INTO 1ST GEAR, AND DOUBLE SHIFTS INTO 2ND AND 3RD GEARS AFTER LETTING OFF GAS. TRANSMISSION SHIFTS SOMETIMES FROM HIGH TO LOW, CAUSING VEHICLE TO PULL. OVERDRIVE LIGHT INTERMITTENTLY WOULD GO ON AND OFF. WAS REPAIRED AT DEALER. ON 1-18-2001. DEALER REPLACED MULTIPLE PARTS IN TRANSMISSION 02-15-2001, TRANSMISSION LOCKED UP AND WOULDN'T MOVE.TORQUE CONVERTER AND PUMP WITH HOUSING WERE REPLACED. ON 6-29-2001, TRANSMISSION WAS STILL PULLING. DEALER REPLACED A STUCK EVR VALVE AND REPLACED IT. *AK

CONTINUED ON REVERSE

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.

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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 436

Date Received
01 SEP 10 AM 9:17
15-AUG-2001
OFFICE
DEFECTS INVESTIGATION

Od_or
rr_dt
od_rt
up_ltr
Reference No.
894447

Work Number
Home Numb [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 707911

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Signature of Owner [redacted] Date ___/___/___

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1FMYU22X2XUA59899	FORD TRUCK	EXPLORER	1999	

Purchase Date 4/15/00
☐ New ☒ Used

Dealer's Name Palm Bay Ford
City Palm Bay State Bay Zip Code 32909

Engine Siz (CID/CC/L ____
No Cylinders ____

☐ Turbo
☐ Diesel
Gas
☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
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No of Failures

Date(s) of Failure(s) 08-JAN-2001
Mileage at Failure(s) ____
Vehicle Speed at Failure(s) ____

Failed Part(s) ☐ Yes ☐ No

NHTSA Previously ☐ Yes ☐ No

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

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