



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

28-SEP-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897067

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 at bottom of windshield and driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMDU35P1TUCH2678	FORD TRUCK	EXPLORER	1996	
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
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000 12111000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 27-SEP-2001 42000 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)

WHILE PARKING VEHICLE SUDDENLY ACCELERATED AND WENT INTO A GUARDRAIL. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. DEALER / MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

COPIES OF REPORTS ARE KEPT

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 Rec'd: <u>SEP 27 2001</u> Reference No. <u>897067</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] <u>717909</u>				Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.	
Signature of Owner: [Redacted]				YES ☒ NO ☐ Date <u>10/10/01</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <u>1FMDU36P1TUC42578</u>		Vehicle Make <u>FORD</u>		Vehicle Model <u>EXPLORER</u>	
Purchase Date _____		Dealer's Name <u>Kroetting Ford</u>		Vehicle Year <u>1991</u>	
☒ New ☐ Used		City <u>Granite City</u> State <u>IL</u> Zip Code <u>62040</u>		Current Odometer Reading <u>42,000</u>	
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 ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	
Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>08400000</u> <u>1211000</u>		Part Name(s) <u>FUEL THROTTLE LINKAGES AND CONTROL</u>		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
No. of Failures _____		Date(s) of Failure(s) <u>27-SEP-2001</u> Mileage at Failure(s) <u>42000</u> Vehicle Speed at Failure(s) _____		Failed Part(s) ☐ Original ☐ Replacement	
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 <u>1</u>	
Number of Fatalities <u>0</u>		Estimated Property Damage <u>\$3,200</u>		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE PARKING VEHICLE SUDDENLY ACCELERATED AND WENT INTO A GUARDRAIL. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. DEALER / MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.					

CONTINUE ON BACK IF NEEDED

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