



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received

Repository ☐

2003 JUL 18 PM 12:45

Reference No.
10014683

OWNER INFORMATION (Type or Print)

Name

Address

City JOPLIN

State MO

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 7/18/03

VEHICLE INFORMATION

Make FORD		Model EXPEDITION	Model Year 2003
Date Purchased Aug 02	Dealer's Name and Telephone Number Jimmy Michel Motors		Engine: 8 No. Cylinders
Original Owner	Dealer's City Aurora	State MO Zip Code 65605	Fuel Type: Gas
Transmission Type Automatic	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Vehicle Component Code Side Mirrors 135200 VISIBILITY: REARVIEW MIRRORS/DEVICES: EXTERIOR
Multiple Failure: 2			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-JUL-2003	Failure Mileage	Failure Speed
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM4SABC035)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies):
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e. parts repaired or replaced (and if old part is available).

THE SIDE MIRRORS VIBRATED, WHICH MADE IT DIFFICULT TO SEE WHEN DRIVING. *JB

move at Free will while driving
Reverse Sensor Does not work Properly
Mirrors also move while in Reverse
up Not down

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

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

These Mirrors Movement happen while driving vehicle making it very dangerous while driving traffic. You can't see in lanes next to your vehicle. Making changing lanes almost impossible with out taking eyes off of Traffic in front of vehicle

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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
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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OWNER'S
QUESTIONNAIRE**

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COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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1-888-327-4238

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(DASH) & DOT



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