



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 1387

Date Received:

Repository

2004 FEB 26 AM 9:19
27-JAN-2004

Reference No.
1005GB56

OWNER INFORMATION (Type or Print)

Name

Address

City NORTH HUNTINGDON

State PA

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 _____, provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 2/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMFU18L14LA02380

Make
FORD

Model
EXPEDITION

Model Year
2004

Date Purchased
NOV 29, 2004

Dealer's Name and Telephone Number
KENNY ROSS FORD 724-864-3601

Engine: 8
No. Cylinders

Fuel Type:
REGULAR

Original Owner

Dealer's City
ADMESBURG

State
PA

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
5th L

Vehicle Component Code
109000 POWER TRAIN:AUTOMATIC TRANSMISSION

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
13-JAN-2004

Failure Mileage
1100

Failure Speed
35 MPH

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: DOTM18BAC038)

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(es).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

0

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

WHEN COMING OFF A RAMP AND MERGING INTO ONCOMING TRAFFIC THE ACCELERATOR BECAME STUCK. THE DRIVER HAD TO SLAM ON THE BRAKES, AND PUT TRANSMISSION INTO NEUTRAL AT 1,470 MILES WHILE PULLING INTO THE DRIVEWAY. THE TRUCK SUDDENLY STOPPED ACCELERATING AND STARTING REVERSONS. THE AUTOMATIC TRANSMISSION PISTON HAD DISINTEGRATED. *JB
WOULD ONLY GO INTO REVERSE.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.