



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 1367

Date Received  
2004 FEB 26 AM 9:49  
28-JAN-2004

Repository   
Reference No.  
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OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City WELLINGTON State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED]

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 this information to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 2/10/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FMEDU17W34 [REDACTED] Make FORD Model EXPEDITION Model Year 2004

Date Purchased 03-JAN-04 Dealer's Name and Telephone Number LINDO ARES 561-582-4444 Engine: No. Cylinders 8 Fuel Type: REG.  
Original Owner  Dealer's City L.W. State FL Zip Code [REDACTED]

Transmission Type AUTO  Antilock Brakes  Cruise Control Powertrain [REDACTED] Vehicle Component Code 03000 SERVICE BRAKES, HYDRAULIC  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) [REDACTED] Failure Mileage [REDACTED] Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/85R15) [REDACTED]  
DOT No. (Example: DOTM18ABC038)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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 [REDACTED] Number of Deaths [REDACTED] Reported to Police  N

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).

EXCESSIVE ACCUMULATION OF BRAKE DUST IS FOUND ON THE ALUMINUM WHEEL. THERE IS TSB 100M001 ON THIS ISSUE, AND MANUFACTURER HAS A KIT THAT THE CONSUMER CAN PURCHASE FOR \$290.00 PLUS INSTALLATION. THE KIT IS NOT GUARANTEED TO CORRECT THE PROBLEM, BUT IT WILL REDUCE THE DUST ACCUMULATION, PER THE DEALERSHIP. \*AK  
I DOUND LIKO TO ADD, EVEN THOUGH FORD OFFERS THIS KIT AND MY LOCAL DEALOR HAS OVER 4,000 OF SAID KITS ON BACK ORDER. THE FORD MOTOR CUST. SERV. DEPT. IS NOT AWARE OF THIS PROBLEM.

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.