



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 100079

Date Received
APR 29 PM 2:07
01-MAR-2004

Repository ☐

Reference No.
10061055

OWNER INFORMATION (Type or Print)

Name

Address

City

WHEAT RIDGE

State

CO

Zip Code

Business Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO

In the absence of a signature, this report is submitted to the vehicle manufacturer.

Signature of Owner

Date 4/3/04

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

1FMPU16L8YLB52851

Make

FORD

Model

EXPEDITION

Model Year

2000

Date Purchased

10-01-01

Dealer's Name and Telephone Number

AUTOMOTIVE AVENUE

Engine:

No. Cylinders 8

Fuel Type:

Gas

Original Owner

☒

Dealer's City

LAKE WOOD CO.

State

CO

Zip Code

80215

Transmission Type

AUTOMATIC

☐ Antilock Brakes

☒ Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

24-DEC-2003

Failure Mileage

84000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM18ABC036)

☐ 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

Y

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).

VEHICLE WAS PARKED 7 PM IN THE DRIVEWAY, AND THE KEY WAS TAKEN OUT OF THE IGNITION SWITCH. AROUND 3 AM VEHICLE CAUGHT ON FIRE, UNDER THE HOOD. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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.

