



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 100184

Date Received

2004 JUN -4  
22-APR-2004

Repository

Reference No.  
10070850

OWNER INFORMATION (Type or Print)

Name

Address

City FULLERTON

State CA

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 authorized signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 5/20/04

VEHICLE INFORMATION

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

1FMFU18L94

Make

FORD

Model

EXPEDITION

Model Year

2004

Date Purchased

2/01/04

Dealer's Name and Telephone Number

KEN GRODY FORD 714 521 3110

Engine:

No: Cylinders

8

Fuel Type:

REGULAR UNLEADED

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

4WD  
TIME OF ACCIDENT ON 2ND

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

22-APR-2004

7/19/04

Failure Mileage

3500

Failure Speed

5-10 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: DOTM4LSABC036)

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

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

Y

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).

CONSUMER WAS PULLING OUT OF A PARKING LOT IN A LIGHT RAIN, MADE A RIGHT TURN, AND VEHICLE SURGED FORWARD AND VEERED INTO THE STREET. CONSUMER WAS STANDING ON THE BRAKES, BUT THE VEHICLE CONTINUED TO SURGE FORWARD. VEHICLE SCRAPPED - 147 - 4 SCRAPPED SEVERAL OBJECTS, DAMAGING THE RIGHT SIDE. VEHICLE WAS FINALLY BROUGHT TO A STOP AND TAKEN TO THE DEALER, WHO EXAMINED THE VEHICLE AND COULD NOT FIND ANYTHING WRONG WITH IT. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 - Public Law 93-579 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.