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

2004 JUL 12 AM 7:55

FOR AGENCY USE ONLY 100079

Date Received	Repository

Reference No. 10071739

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City SAINT MARYS / State GA / Zip Code [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 your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMEU17W03L[redacted]	FORD	EXPEDITION	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	Paul Clark Mercury Ford				Gas
Original Owner ☒	Dealer's City Yulee, Florida	State FL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-APR-2004			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P216/65R15)
DOT No. (Example: DOTMALSABC036)	☐ 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
		1	0	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).

WHILE PULLING OUT THE DRIVEWAY AND TURNING TO LEFT DRIVER'S SIDE AND PASSENGER'S SIDE AIR BAGS DEPLOYED. MANUFACTURER REPRESENTATIVE FROM THE LEGAL DEPARTMENT STATED, AFTER INSPECTING THE VEHICLE, THERE WAS WHITE MARK ON THE RIGHT REAR TIRE AND IT WAS MADE WHEN THE CONSUMER HIT THE CURVE. "AK

We have photos to prove there was no curb to hit. There was no collision of any kind and I was traveling at 3 m.p.h.. Neither the dealership nor Ford as the manufacturer would assume any liability to repair side air curtains. We replaced them ourselves at a local collision repair business at our expense and then traded the vehicle in on a different SUV from a different manufacturer. I sustained temp. hearing loss and ringing of ears.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY