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	Repository
28-JUL-2004	2004 NOV 22 AM 9:53
	Reference No. 100831669

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City: LEHIGH ACRES	State: FL	Zip Code:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO
In the absence of your authorization, we cannot release your name or address to the vehicle manufacturer.
Signature of Owner: Date: 8/25/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMRU1560YL	FORD	EXPEDITION	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
Original Owner [X]	Dealer's City	State	Zip Code	No. Cylinders: 8	Gas

Transmission Type			Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	Powertrain	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-MAY-2002	65000	50	

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: DOTMAL9ABC036)	[ ] 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
[X] Yes [ ] No	[ ] Yes [X] No	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 DRIVING AT 50 MPH AND TRYING TO AVOID A VEHICLE THAT STOPPED IN THE MIDDLE OF THE ROAD CONSUMER'S VEHICLE COLLIDED HEAD ON WITH A TELEPHONE POLE. CONSUMER WAS WEARING SEAT BELTS, BUT THE AIR BAGS DID NOT DEPLOY. CONSUMER SUSTAINED HEAD INJURIES. POLICE DID ARRIVE ON THE SCENE AND CITED THE OTHER CONSUMER. *AK

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