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 252

Date Received	Repository
13-JAN-2005	
	Reference No. 10107384

2005 MAR -2 AM 3:35

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number [redacted]	
City SUMTER **State** SC **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 dgx Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
PLEASE FILL IN 1FMRU15L7Y[redacted]	FORD	EXPEDITION	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04/14/2001	Stokes Craven Ford (803) 473-5400			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City Manning	State SC	Zip Code 29102		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	060000 ENGINE AND ENGINE COOLING 1 Multiple Failure: 1

2005 MAR -2 AM 3:35

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
13-JAN-2005 05/Jan/2005			

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: 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 Injuries)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	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 [redacted], i.e., parts repaired or replaced (and if old part is available).

THE DRIVER'S VEHICLE WAS PARKED INSIDE OF THE GARAGE WITHOUT WARNING THE VEHICLE CAUGHT FIRE. NO INJURIES TO REPORT. THE FIRE DEPARTMENT WAS CALLED OUT TO EXTINGUISHED OUT THE FIRE THE FIRE. THE VEHICLE WAS TOWED BY THE INSURANCE COMPANY. PLEASE PROVIDE ADDITIONAL INFORMATION. *NM

The driver's vehicle was parked outside of Cluturn's Beauty Salon without warning caught on fire. No injuries. The fire department was called. The vehicle was towed by the insurance company.

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