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 100216

Date Received	Repository
13-JAN-2005	
	Reference No: 32
	10107389

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City WINTER SPRINGS / State FL / Zip Code	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 e-mail address, please provide a postal address to the vehicle manufacturer.
Signature of Owner _____ Date 1-10-05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMFU18L9VL	FORD	EXPEDITION	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
1999	Don Reid Ford 407-644-7144			No. Cylinders 8	
Original Owner ☐	Dealer's City Maitland	State FL	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	121200 EXTERIOR LIGHTING:HEADLIGHTS:SWITCH Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
29-DEC-2004		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
☐ Yes ☒ No	☐ Yes ☒ No	0	0	N

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 50 MPH, THE DRIVER NOTICED THAT THE HEADLIGHTS WERE INOPERATIVE THIS CAUSED THE DRIVER POOR VISIBILITY. THE VEHICLE WAS TAKEN TO A BODY SHOP FOR INSPECTION. THE MECHANIC INFORMED THE DRIVER THAT THE MULTIFUNCTION SWITCH NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER DETAILS. *NM

Switch was replaced 1/05
I have had this vehicle since 1999
under my maiden name of Barone
The deactivation switch causing the fires has NOT
been recalled for my vehicle year yet.

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).