



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 100145

Date Received
2/15/05
31-JAN-2005

Repository
Reference No.
10109325

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ALTAMONTE SPRINGS State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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 [REDACTED] Date 2/16/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FMRU15W84L [REDACTED]
Make: FORD Model: EXPEDITION Model Year: 2004
Date Purchased: 08-29-2004 Dealer's Name and Telephone Number: Sun State Ford 407-299-5900
Engine: No. of Cylinders: Fuel Type: Gas
Original Owner: Dealer's City: Orlando State: FL Zip Code: 32808
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: Vehicle Component Code: 015300 STEERING:HYDRAULIC POWER ASSIST:POWER STEERING FI
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 27-JAN-2005 Failure Mileage: 6500 Failure Speed: [REDACTED]

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: DOTM4L9ABC036) 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: 0 Number of Deaths: 0 Reported to Police: 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).

① WHILE DRIVING AT ANY SPEED STEERING VIBRATES VIOLENTLY. DEALER STATES THE STEERING ROD MALFUNCTIONED. *AK
Dealer balanced tires.
② Clanking noise in steering column. Replaced lower steer shaft.
Vehicle steering wheel is still vibrating, and noise is still present.

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.

Motor Vehicle Defect Notification

(Please print clearly in black ink, or type)

Pursuant to the Florida Lemon Law, notice is given to the manufacturer as follows:

- The vehicle has been out of service at least 15 days to repair one or more substantial defects.
- 3 or more repair attempts have been made to repair the same substantial defect or condition. This is notification of the final opportunity to correct the continuing substantial defect(s) or condition(s).

Description of continuing defect(s) or condition(s) CLANKING NOISE IN STEERING, REPLACED
STEERING ROD; WHILE DRIVING AT ANY SPEED THE STEERING VIBRATES.

(NOTE: this is not a complete description; the manufacturer should ascertain all appropriate information.)

Vehicle Make FORD Model EXPEDITION XT Year 2004

VIN 1F1M1R1U115W18141L [REDACTED] Date of Delivery 08-29-2004

Name and City/State of selling dealer or leasing company (if applicable) SUN STATE FORD
ORLANDO, FL

Name and City/State of authorized service agent(s) attempting previous repairs MULLINAN FORD, APOKA, FL
AND SUN STATE FORD ORLANDO, FL

Consumer [REDACTED] Home phone [REDACTED]

Address ALTAMONTE SPRINGS, FL Work phone [REDACTED]

[REDACTED] Signature [REDACTED]

[REDACTED] Date Mailed 3-1-05

White—manufacturer's copy, send by registered (return receipt requested) or express mail. Yellow—consumer's copy, keep for your records.

Pink—Attorney General's copy, send by regular mail.

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).