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 100247

Date Received	Repository ☐
28 JAN 2006	Reference No. 10109371

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City KENNER State LA 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 authori[redacted]rovide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/28/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Located at bottom of windshield on driver's side)	Make	Model	Model Year
1FMNU40L3YE[redacted]	FORD	EXCURSION	2000

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
March 2000	Lamarque Ford 5044432500		8	unleaded
Original Owner	Dealer's City	State / Zip Code		
Y	Kenner	La 70065		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-JAN-2006	approximately 56,000		

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: DOTMALBABC036)	☐ 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).

CONSUMER WAS DRIVING WHEN THE BRAKE AND TURNING SIGNAL INADVERTENTLY WENT OUT. WHEN TAKEN VEHICLE TO DEALER FOR SERVICE IT WAS DETERMINED THAT THE FAILURE WAS DUE TO VEHICLE SPEED CONTROL MALFUNCTIONING. *AK

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