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 100222

Date Received	Repository ☐
02-MAR-2005 7:34	Reference No. 10113259

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City STATESBORO	State GA	Zip Code

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 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMRU17L0YL	FORD	EXPEDITION	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
3/18/2000	Ford Lincoln Mercury Rozier	8	Gas
Original Owner ☒	Dealer's City: Statesboro State GA Zip Code 30458		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	191000 TIRES:TREAD/BELT

Multiple Failure: 1 ALL of Them! Wheel Spun

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
03-APR-2000	300	55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
CONTINENTAL N020	CONTINENTAL	P275/60R17

DOT No. (Example: DOTMA1SABCD99)		
DOT AH0447 499	☒ Original Equipment ☐ Prior Repair	Failure Location: PASSENGER SIDE REAR

Tire Component Code	Tire Failure Type
191000 TIRES:TREAD/BELT	TREAD SEPARATION

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), Fatalities, Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1		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 TRAVELING ON THE INTERSTATE AT 55 MPH CONSUMER HEARD A NOISE, THEN SAW SMOKE COMING FROM THE REAR OF THE VEHICLE. SUDDENLY, THE VEHICLE STARTED TO SHAKE, AND CONSUMER LOST CONTROL, VEERED OUT OF HIS LANE, AND WENT TOWARDS A SERVICE STATION. TO KEEP FROM ENTERING THE STATION HE ROLLED OVER. CONSUMER SUSTAINED NECK AND MOUTH INJURIES. IT WAS DISCOVERED THE TREAD HAD SEPARATED FROM THE TIRE. *AK

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

VIN#1FMRU17L0YL [redacted] I was not represented by my agent, Farm Bureau of Georgia Insurance Company. I, I thought office or the office of comm. of insurance I did not receive relief. Neither was the Attorney general of GA or the Complaint Dept of transportation. Due to their oversight the cause and effect of my life-style suffered dramatically financial hardship also unjust. I would like to be made whole in all respect of a freeborn! To relieve the distress, is a duty incumbent of all men, who are linked together by an indissoluble chain of sincere affection. to that standard of just right to render every man his just due! Without distinction. JUSTICE [redacted]

[redacted]ONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

SAVANNAH GA 314
PM
17 MAR
2005

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

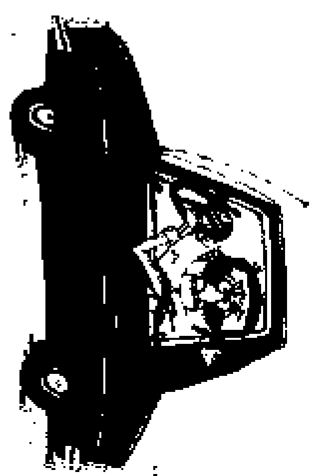
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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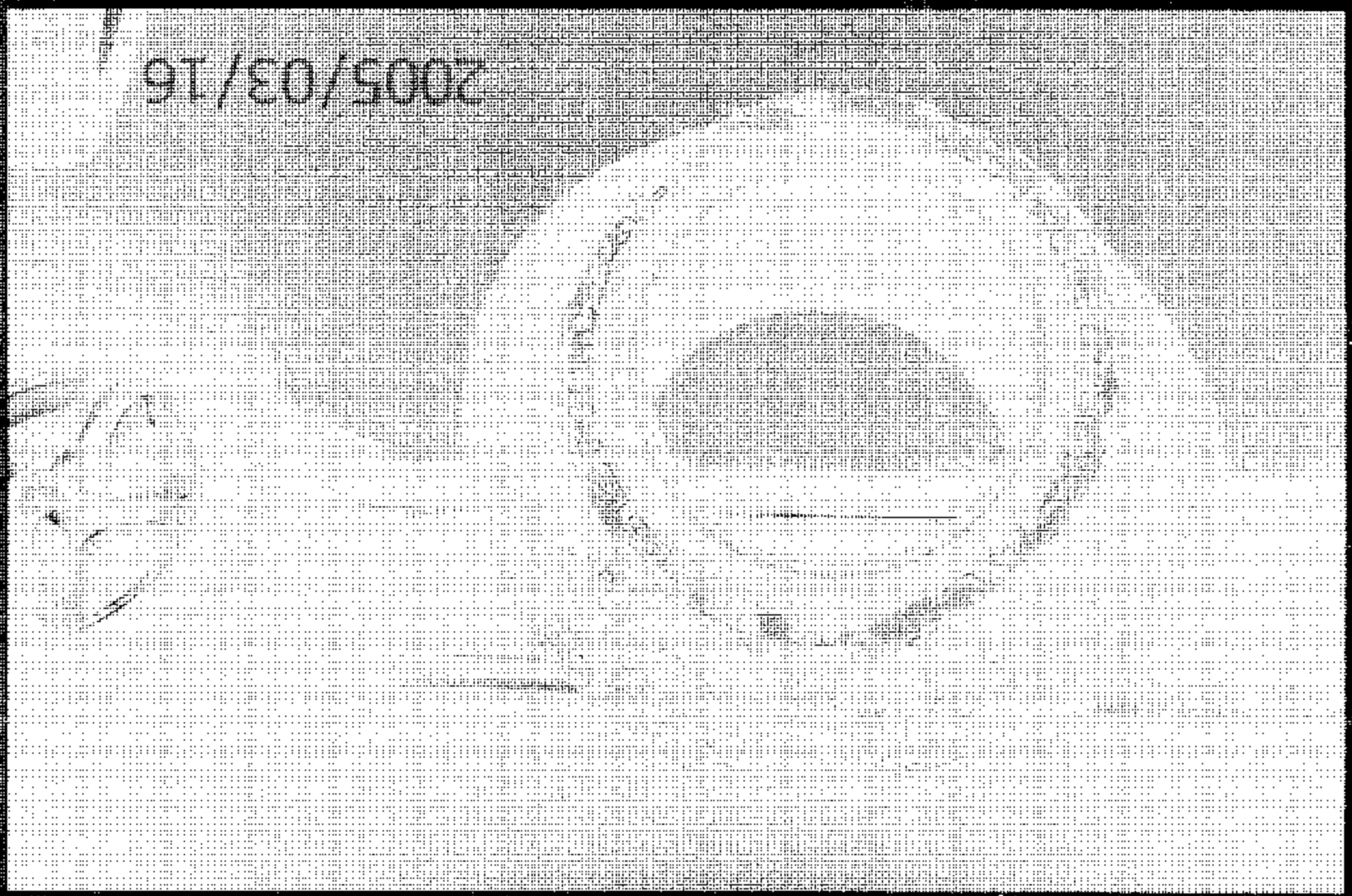

Auto

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Posted NaN/NaN/NaN NaN:NaN PM

More tires on Ford SUVs recalled

By David Kiley, USA TODAY

DETROIT — Continental Tire said Monday that it is replacing more than a half-million tires installed mostly on Ford Motor sport-utility vehicles because of a heightened risk of tread separation.

Tread separation led to the replacement of millions of Firestone tires on Ford Explorer SUVs in 2000 and 2001.

The latest recall was triggered by a more stringent early warning system that was put in place after the Firestone recall.

Continental Tire North America, the U.S. subsidiary of German tire and car parts maker Continental, is recalling ContiTrac AW and General Grabber AW tires in the P275/60R17 size produced from March 1999 to October 2000.

They were used as original equipment on two-wheel-drive Ford Expeditions and Lincoln Navigators. The tires were not used on four-wheel drive versions of those vehicles. About 60,000 of the tires went to the replacement market.

Also on Monday, Ford said that it mislabeled the recommended rear-tire pressure for the Ford Expeditions and Lincoln Navigators that used the recalled tires as original equipment.

In the Firestone case, Ford and Bridgestone/Firestone differed over appropriate tire pressure, which may have been a factor in the failures.

Ford said it will mail out new tire pressure labels to affected owners of model year 2000 Expeditions and Navigators, recommending 33 pounds per square inch of air pressure in the rear tires. The incorrect labels, installed at the factory, say 30 psi.

Continental said it has seen a dozen minor injury claims from accidents involving the tires and more than two dozen property damage claims.

Continental says it knows of one fatal accident involving a Grabber tire failure, but it hasn't been determined if the failure caused the accident.

Mark Sowka, Continental vice president of original equipment, said that while no tread separations have been reported, complaints have concerned uneven wear and

Georgia Farm Bureau Mutual Insurance Company
Georgia Farm Bureau Casualty Insurance Company

P. O. BOX 7008 * 1620 BASS ROAD AT I-75
MACON, GEORGIA 31209-7008
478-474-8411

Dictated August 21, 2001
Transcribed August 24, 2001

Please Reply To:
P. O. Box 30413
Savannah, Georgia 31410
(912)653-2310

[redacted]

STATESBORO GA [redacted]

RE: Our Insured: [redacted]
Policy No.:
D/L: 4/21/2000
County: 016

Dear [redacted]

We received an estimate of damages to your 2000 Ford Expedition which totalled $551.00. No personal inspection was made of your vehicle as you did not bring it by the office on the day that we met. However, since you reported the accident over one (1) year past the date of the accident, we are unable to consider payment for any damages to your vehicle.

Your Medical Payments claim will be handled in our Home Office in Macon. At the time that your policy was written, you had only $1,000.00 in Med Pay coverage available. Our Med Pay Department will review your loss to determine if you have any coverage applicable under that portion of your policy. They will contact you to advise if you will be able to collect anything under Med Pay.

Very truly yours,

Joyce Whittal/mh

Joyce Whittal
Claims Representative
P. O. Box 30413
Savannah, Georgia 31410
(912)653-2310

JW/st

cc: File
[redacted]

[redacted] St. Joseph's/Candler

Pre-Operative Instructions

1. Arrive at the hospital on 3/25 Monday at 6:30 Reception.
2. **DO NOT** eat or drink anything (including water, chewing gum, and hard candy) after 12:00 the night before surgery.
3. **DO NOT** wear any jewelry, bring valuables or large sums of money with you to the hospital.
4. **DO NOT** wear make-up or nail polish.
5. **DO NOT** bring children to the hospital as visitors. Limit visitors/family members to two per patient.
6. Shower with liquid antibacterial soap provided at your pre-op visit according to the instructions given. Wear comfortable, loose clothing.
7. Bring current prescription medicines with you.
8. Take the following medications on the morning of surgery with only a sip of water: _____
9. Notify your surgeon of any change in your health status, and/or exposure to contagious disease.
10. If you have a Living Will or Advance Directive, bring a copy with you to the hospital.
11. If you have received a pink or red arm band at your preoperative visit, you must bring it with you to the hospital on the day of your surgery.
12. Contact lenses and dentures must be removed before surgery. Bring holder for lens.
13. For patients going home on the day of surgery:
    It is strongly recommended that a responsible adult accompany you to the hospital and remain to drive you home at the time of discharge. It is also recommended that someone remain with you for 24 hours.
14. **For pediatric patients and minors:**
    A parent or legal guardian must accompany a minor having surgery.
    A responsible adult must remain with infants and young children at all times.
15. **For cardiac surgery patients:**
    Women should bring a soft front fastening bra to wear postoperatively.
16. If you have any questions, call us Monday through Friday 6AM to 6PM at (912) 927-5100.

Other Instructions: Bring Meds & inhaler

Date: 3/18/02 Patient or Guardian [redacted]

1-800-1 Witness: J Joyner

Patient Information

[redacted]

[redacted] CL30921

Jean 927-5473

CL 30921 (9/01)