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 1220

Date Received	Repository ☐
07-MAR-2005	Reference No. 10113563

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City ROCHESTER	State NY	Zip Code [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 a [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 3/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMPU18L6Y[redacted]	FORD	EXPEDITION	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	VISION FORD 585-352-1200			No. Cylinders 8	GAS
Original Owner ☒	Dealer's City ROCHESTER	State NY	Zip Code 14626		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL Multiple Failure: 7

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
31-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: 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 to detail the incident(s), Fatality(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, THE ACCELERATOR PEDAL STICKS. THE CONSUMER TOOK THE VEHICLE TO THE DEALER, AND WAS TOLD THE THROTTLE SYSTEM NEEDED TO BE REPLACED. HOWEVER, THE PROBLEM STILL EXIST. PLEASE PROVIDE ANY FURTHER INFORMATION. *JB

THE DEALER IS NOT WILLING TO PAY FOR THE REPAIR. I AM NOT, NOR SHOULD I BE REQUIRED TO PAY FOR THE REPLACEMENT THROTTLE BODY. THIS IS A FUNDAMENTAL EQUIPMENT FAILURE, NOT NORMAL WEAR & TEAR. THE MFG. SHOULD BE REQ'D. TO PAY FOR REPAIRS.

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 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.

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).