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

2005 JUN 24 AM 2:57 2005 JUN 24

FOR AGENCY USE ONLY 252

Date Received: 18-MAR-2005 JUN 24 AM 2:59

Repository ☐

Reference No.: 10115434

OWNER INFORMATION (Type or Print)

Name

Address

City: ANDERSON | State: SC | Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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
1FMRV1881YLC	FORD	EXPEDITION	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
	Carolina Ford (864)369-7376	8	Gas

Original Owner	Dealer's City	State	Zip Code
☒	Honea Path, SC	SC	29654

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	~~FRONT~~ WHEEL DRIVE Four Wheel Drive	114000 ELECTRICAL SYSTEM:WIRING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~18-MAR-2005~~ 11th NOV. 2004	97,500	N/A	Recall due to Cruise Control Wiring failure + fires.

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: DOTMAL9ABC038)	☐ 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	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).

VEHICLE WAS PARKED INSIDE THE GARAGE. FOUR HOURS LATER THE VEHICLE CAUGHT ON FIRE. VEHICLE WAS TOWED AND TOTALED BY THE INSURANCE COMPANY. *AK Ford Motor Co. stated they would Overnight Claim of Loss form which has never been recieved.

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