



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 ☐

05-APR-2005

Reference No.

7011249 6: 51

OWNER INFORMATION (Type or Print)

Name

Address

City

RICHARDSON

State

TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.

☒ YES

☒ NO

Signature of Owner

Date 4/12/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

FORD

Model

EXCURSION

Model Year

2000

Date Purchased

3000

Dealer's Name and Telephone Number

VO-1

Original Owner

☒

Dealer's City

State

Zip Code

Engine:

No: Cylinders

Fuel Type:

Gas

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

30-MAR-2005

Failure Mileage

62000

Failure Speed

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: DOTM19ABC036)

☐ 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

Number of Deaths

Reported to Police

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).

AFTER PARKING THE VEHICLE FOR 20 MINUTES, THEN, WHILE WALKING TO THE VEHICLE, CONSUMER SMELLED SMOKE COMING FROM UNDER THE HOOD. THE HOOD WOULD NOT OPEN. FIRE DEPARTMENT RESPONDED, AND THE FIRE WAS PUT OUT. THERE WAS MINIMAL DAMAGE. *AK

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

Richardson, TX
April 24, 2005

Ke'Nisha Dunlap
Consumer Affairs
Ford Motor Company
PO Box 6248, MD 3NE-B
Dearborn, MI 48126

RE: 2000 Excursion
VIN: 1FMNU42S1YE

Dear Ms. Dunlap:

I received your standard business letter response on April 1, 2005, with regard to a known product defect (ABS Cruise Control Module). The fact that Ford is not willing to admit an issue with the 2000 Excursion ABS Cruise Control Module is absolutely unacceptable.

Therefore, I am forwarding you legal evidence of the ABS/Cruise Control Module fire that occurred on my 2000 Ford Excursion 3/30/05:

- Fire investigation report dated 3/30/05
- Article dated 3/24/05, indicating similar recalls, provided by responding Fire Chief
- North Central Ford service report, including towing charges
- Photos showing damage

On March 30, we were told by the dealership and your Ford Customer Service Center to wait for the Legal Department's response before acting. Needless to say, we were very disappointed after waiting one week without the use of our vehicle and several calls to an unresponsive phone center to only receive a standard letter.

Therefore, I have also forwarded these documents to the National Highway Traffic Safety Administration to force a recall on all 2000 Excursion SUVs. After all, it is the same module on the F150, Expedition and Navigator covered under a recall.

I feel that my family was very lucky in suffering such a small amount of cost. Because of this good fortune, I have not yet turned this over to my attorney for further action. If this vehicle had not been parked on the street in front of my house and the fire not discovered in the beginning stages, the damage could have included the entire loss of the vehicle

Consumer Affairs

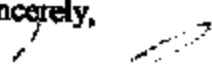
April 22, 2005

Page 2

and/or loss of my house and belongings. Other Excursion owners may not be as fortunate and will have to pursue subrogation through their insurance companies.

Our damages were below our insurance deductible; therefore, the cost to Ford is \$348.33 for service and parts and \$68.75 for towing. I anticipate a full refund of \$417.08 as I have no doubt this is a design flaw known to Ford and the NHTSA. If I don't hear from you within 30 days, I'll be forced to take legal action and expose this issue to the media to ensure that other Ford owners and potential customers are aware of this real danger. I expect, as your standard letter says, "a sincere attempt to address the concerns of Ford customers!"

Sincerely,



Attachments 4

Copied: NHTSA

RICHARDSON FIRE DEPARTMENT

Complete this side for all fires

A	DH722 FID	TX State	NM Incident Date	30 Incident Date	2008 Year	ST4 Station	0501989 Incident Number	10 Exposure	☐ Delete ☐ Change	NFIRS - 2 Fire
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B Property Details B1 ☐ <u>10</u> ☐ Not Residential Estimated number of residential living units in building of origin whether or not all units became involved B2 ☐ <u>0</u> ☐ Buildings not involved Number of buildings involved B3 ☐ <u>1</u> ☐ None Acres burned (outside fire) ☐ Less than one acre Low thin one acre	C On-Site Materials or Products ☐ None Enter up to three codes. Check one box for each code entered. On-site material (1) <u> </u> On-site material (2) <u> </u> On-site material (3) <u> </u> Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, whether or not they became involved 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service U ☐ Undetermined 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service U ☐ Undetermined 1 ☐ Bulk storage or warehousing 2 ☐ Processing or manufacturing 3 ☐ Packaged goods for sale 4 ☐ Repair or service U ☐ Undetermined
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D Ignition D1 <u>83</u> ☐ Engine area, running gear, wheel area Area of fire origin D2 <u>13</u> ☐ Arcing Heat source D3 <u>81</u> ☐ Electrical wire, cable insulation Item first ignited 1 ☐ Check box if the spread was confined to object of origin D4 <u>47</u> ☐ Plastic Type of material first ignited Required only if item first ignited code is 00 or <70	E1 Cause of Ignition ☐ Check box if this is an exposure report ☐ Skip to Section G <u>3</u> ☐ Failure of equipment or heat source E2 Factors Contributing To Ignition ☐ None <u>None</u> ☐ None Factor contributing to ignition (1) <u> </u> Factor contributing to ignition (2)	E3 Human Factors Contributing To Ignition Check all applicable boxes ☐ None 1 ☐ Asleep 2 ☐ Possibly impaired by alcohol or drugs 3 ☐ Unattended person 4 ☐ Possibly mentally disabled 5 ☐ Physically disabled 6 ☐ Multiple persons involved 7 ☐ Age was a factor Estimated age of person involved <u> </u> 1 ☐ Male 2 ☐ Female
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F1 Equipment Involved in Ignition ☐ None ☐ If equipment was not involved, skip to Section G <u>None</u> ☐ None Equipment involved Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>	F2 Equipment Power <u> </u> Equipment Power Source F3 Equipment Portability 1 ☐ Portable 2 ☐ Stationary Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.	G Fire Suppression Factors Enter up to three codes. ☐ None <u> </u> Fire suppression factor (1) <u> </u> Fire suppression factor (2) <u> </u> Fire suppression factor (3)
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H1 Mobile Property Involved <u>2</u> ☐ Involved in ignition, but did not itself burn EXCURSION Mobile property model <u> </u> License Plate Number <u> </u> State <u> </u> VIN Number <u>1FMMU4231YEB38452</u>	H2 Mobile Property Type & Make <u>10</u> ☐ Passenger road vehicle, other Mobile property type <u>FO</u> ☐ Ford Mobile property make <u>2000</u> Year	Local Use ☐ Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies ☐ Arson report attached ☐ Police report attached ☐ Coroner report attached ☐ Other reports attached
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Structure fire? Please be sure to complete the other side of this form.

RICHARDSON FIRE DEPARTMENT

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-15) as necessary.

K2 Owner

Local Option

☒ Same as person involved? Then check this box and skip the rest of this section.

Business name (if applicable)

Area Code

Phone Number

272 - 238 - 8210

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.

LAUREN

First Name

POC

MOORE

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

L

Remarks:

Local Option

Narrative Title: Narrative From CAD

Date Entered:

RPD 05-026715

Complaint Type: VEHICLE FIRE - VEHICLE FIRE

Caller Name:

[03/30/2005 17:08:04 : KBROWN]

[Call 05-026714, 05-026715 are related.]

Cross streets: VICTORIA LN/WINDSOR DR

FORD EXCURSION PARKED IN FRONT OF THE RESIDENCE THAT IS SMOKING. NO FLAMES SEEN BUT LOTS OF SMOKE.

[03/30/2005 17:09:32 : KBROWN]



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

- ☐ Buildings 111-
- ☐ Special structures 112

- ☐ Confined 113-118
- ☐ Mobile Property 129-133

- ☒ Vehicle 139-143
- ☐ Vegetation 140-143

- ☐ Outside rubbish fire 161-166
- ☐ Special outside fire 161-164

- ☐ Crop fire 170-173

Complete Fire & Structure
Complete Fire Mod. & the 1
block on Structure Module
Complete Basic Module
Complete Fire Module
Complete Fire Module
Complete Fire or Wildland
Complete Basic Module
Complete Fire Module
Complete Fire Module

☐ More remarks? Check this box and attach Supplemental Forms (NFIRS-15) as necessary.

M Authorization

103

GASTON, BILLY R

Captain

E4-1

30

2005

Check box if same as Officer in charge.

Officer in charge ID

Signature

Position or rank

Assignment

Month

Day

Year

Member making report ID

Signature

Position or rank

Assignment

Month

Day

Year

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).

