

 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 100148	
Date Received 03-MAY-2005 JUN -2		Repository ☐ Reference No. 10119628			
OWNER INFORMATION (Type or Print)				Daytime Telephone Number Evening Telephone Number	
Name Address City VIDALIA State LA Zip Code		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 1FMRU15L4YL		Make FORD		Model EXPEDITION	
Model Year 2000		Date Purchased 01-JUL-00		Dealer's Name and Telephone Number HICKSON FORD MOTOR COMPANY	
Engine: No: Cylinders 8		Fuel Type: Gas		Original Owner ☒ Dealer's City ALEXANDRIA State LA Zip Code	
Transmission Type AUTOMATIC		☒ Antilock Brakes ☒ Cruise Control		Powertrain REAR WHEEL DRIVE	
Vehicle Component Code 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL		Multiple Failure: 1			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 01-JAN-2005		Failure Mileage 48000		Failure Speed 0	
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: DOTM9ABC036)		☐ 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 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).					
THE CONSUMER STATED THAT A RECALL WAS MADE ON THE VEHICLE FOR THE CRUISE CONTROL. THE CONSUMER CALLED THE DEALERSHIP AND WAS TOLD TO BRING THE CAR IN WHICH WAS IN FEBURARY, THE CONSUMER WAS TOLD THAT PARTS WOULD ARRIVE IN APRIL, THE CONSUMER CALLED THE DEALERSHIP LAST WEEK AND WAS TOLD THE PART WAS THERE AND TO BRING THE CAR IN TODAY, WHICH WAS DONE. WHEN THE CONSUMER ARRIVED AT THE DEALERSHIP, THE PART HAD BEEN GIVEN TO ANOTHER CUSTOMER. THE NEXT CLOSEST DEALER WAS 73 MILES AWAY. THE SERVICE MANAGER TOLD THE CUSTOMER THAT THEY DID NOT KNOW WHEN THE NEXT PART WOULD ARRIVE. *JB					
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.					

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

ON MAY 4TH 2005, I AGAIN CALLED FORD MOTOR CORP. AFTER SOME "RUN-AROUND" AND DELAY, I FINALLY FOUND OUT THAT ON 4-28-05, FORD MOTOR CO. MADE THESE PARTS UNLIMITED TO FORD DEALERS. ALL THEY HAD TO DO WAS REQUEST THE NEEDED PARTS. I CALLED MY LOCAL DEALER, TALKED TO PARTS MGR, AND GAVE HIM THIS INFORMATION. HE FIRST TRIED TO SAY THAT THIS WAS NOT CORRECT INFORMATION. I STRESSED WHAT I HAD BEEN TOLD & HE FINALLY FOUND THIS INFORMATION ON HIS COMPUTER. HE IMMEDIATELY ORDERED NECESSARY PART & MY VEHICLE HAS BEEN REPAIRED. PROBLEM IS RESOLVED. I APPRECIATE YOUR HELP AND CONSIDERATION TO MY PROBLEM.

ATTACH ADDITIONAL 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

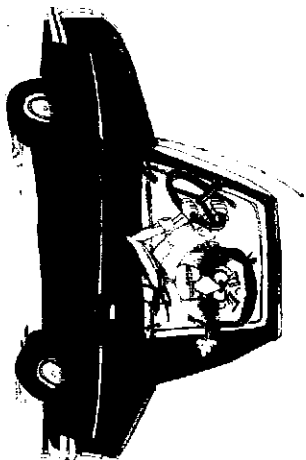
BUSINESS REPLY MAIL

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

NO POSTAGE
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IF MAILED
IN THE
UNITED STATES



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and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

**VEHICLE
OWNER'S**