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	Repository ☐
14-JUN-2005	Reference No. 10125252

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]			
City DANVILLE	State CA	Zip Code [redacted]	Evening Telephone Number SAME

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. [X] YES ☐ NO

Signature of Owner [redacted] Date 6/29/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMNU4354Y8[redacted]	FORD	EXCURSION	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
24-DEC-99	FORD RIO VISTA			No. Cylinders 10	Gas
Original Owner [X]	Dealer's City RIO VISTA	State CA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	4 WHEEL DRIVE	121200 EXTERIOR LIGHTING:HEADLIGHTS:SWITCH Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
11-JUN-2005	88000	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: 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), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes [X] No	☐ Yes [X] No			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).

DT: THE HEADLIGHT SWITCH KNOB BROKE AND SEPARATED FROM THE SWITCH. AND MATCHES THE RECALLCAMPAIGN THAT WAS ALREADY IN EFFECT, THAT DOES NOT COVER THE OWNERS VEHICLE ALTHOUGH THE PROBLEMS WERE EXACTLY THE SAME. THERE WERE NO PROBLEMS OR WARNIGNS BEFORE THE KNOB BROKE. *AK

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