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: 17-NOV-2005 (2006 JAN -4 PM 2:51)

Repository ☐

Reference No.: 10143010

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: ROCKLEDGE | State: FL | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number:

E-mail Address:

Do you authorize NHTSA to [redacted] manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an autho[redacted] name or address to the vehicle manufacturer.

Signature of Owner: [redacted] Date: 12/2/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMRU15[redacted]	FORD	EXPEDITION	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
30-JUL-05	POMBAY FORD 321-722-9000			No. Cylinders 8	Gas
Original Owner ☒	Dealer's City: POMBAY ← Palmbay	State: FL	Zip Code: 32907		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	031000 SERVICE BRAKES, HYDRAULIC:PEDALS AND LINKAGES Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-OCT-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 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			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 CONTACT STATES WHEN HE PIVOTS THE FOOT TO THE LEFT TO PRESS THE BRAKE PEDAL THE FOOT WILL ALSO PRESS THE GAS PEDAL. HE FEELS THE GAS AND BRAKE PEDALS ARE TO CLOSE TOGETHER.*AK

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