



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 ☐

2006 OCT 25 PM 2:15
09-SEP-2006

Reference No.
10167651

OWNER INFORMATION (Type or Print)

Name

Address

City LAKE WORTH

State FL

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? ☒ YES ☐ NO
In the absence of an authorized signature, please print name or address to the vehicle manufacturer.
Signature of Owner Date 9/16/06

VEHICLE INFORMATION

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

1FMPU135651

Make

FORD

Model

EXPEDITION

Model Year

2005

Date Purchased
03-APR-05

Dealer's Name and Telephone Number
MARONNE FORD

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

☒

Dealer's City

MARGATE

State

FL

Zip Code

33064

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

140000 AIR BAGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

07-SEP-2006

Failure Mileage

13000

Failure Speed

30

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: DOTM15ABC036)

☐ 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).

DT*: THE CONTACT STATED WHILE DRIVING 30 MPH ON A DRY HIGHWAY, THE CONTACT'S SPOUSE BROADSIDED ANOTHER VEHICLE AND THE AIR BAGS DID NOT DEPLOY. THE SEAT BELT WAS IN USE AND WORKED PROPERLY. A POLICE REPORT WAS TAKEN AND THERE WERE NO INJURIES SUSTAINED. THERE WAS FRONT END DAMAGE DONE TO THE VEHICLE. THE ONLY LIGHT ILLUMINATED IN THE VEHICLE WAS A LIGHT INDICATING THE GAS CAP WAS LOOSE. THE DEALERSHIP WAS NOT ALERTED.

Wet road, but not raining. Driver has soft tissue damage due to impact and jerk of seat belt.

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.

Call RALPH VILONNA for Supp 800 637-5410 X64065

PO BOX 30773

TAMPA, FL 33630-3773

(800) 637-5410 Fax: (561) 753-6616

SUPPLEMENT OF RECORD 1 WITH SUMMARY

Written By: RALPH VILONNA 09/13/2006 12:19 PM
Adjuster: Samantha Silverman (800) 637-5410x61267

Insured:

Owner:

Address:

Day:

Claim

Policy

Date of Loss: 09/07/2006 at 04:25 PM

Type of Loss: Collision

Point of Impact: 12. Front

Inspect 9/13/06 supp
Location: 1711 DONNA ROAD
EUROPEAN PAINT & BODY
WEST PALM BEACH, FL 33409

Business: (561) 687-8088
REPAIR SHOP

Repair EUROPEAN PAINT & BODY
Facility: 1711 DONNA ROAD
WEST PALM BEACH, FL 33409

Business: (561) 687-8088
6 Days to Repair
License # TAX650809928

2005 FORD EXPEDITION 4X2 XLS 8-5.4L FI 4D UTV SILVER Int: GRAY
VIN: 1FMPU135651 Lic: 3122c FL Prod Date: 09/2004 Odometer: 13242
Air Conditioning Rear Defogger Tilt Wheel
Cruise Control Intermittent Wipers Elec. Instrumentation
Keyless Entry Theft Deterrent/Alarm Rear Wiper
Body Side Moldings Dual Mirrors Privacy Glass
Luggage/Robb Rack Clear Coat Paint Metallic Paint
Power Steering Power Brakes Power Windows
Power Locks Power Driver Seat Power Mirrors
AM Radio FM Radio Stereo
Cassette Search/Seek CD Player
Anti-Lock Brakes (4) Driver Air Bag Passenger Air Bag
4 Wheel Disc Brakes Cloth Seats Split Bench Seats
Rear Step Bumper Running Boards/Side Steps Trailering Package
Automatic Transmission Overdrive Styled Steel Wheels

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		FRONT BUMPER				
2	901	O/H front bumper	0	0.00	2.0	0.0
3**	Repl	RECOND Bumper cover XLS XLT	1	428.00	Incl.	1.8
4		Sports paint				
4		Add for Clear Coat	0	0.00	0.0	0.7
N 5	901	Absorber	1	0.00	0.0	0.0
6	901	Repl RT Absorber mount bracket	1	40.95	0.0	0.0
7	901	Repl LT Absorber mount bracket	1	40.95	0.0	0.0
8	901	Repl Reinforcement	1	206.15	Incl.	0.0
9		GRILLE				
10**	Repl	Qual Repl Parts CAPA Mount panel	1	133.00	2.2	1.8
11		Overlap Major Non-Adj. Panel	0	0.00	0.0	-0.2
12		Add for Clear Coat	0	0.00	0.0	0.3
13**	901	Repl Qual Repl Parts RT Repair kit	1	39.00	0.0	0.0
14**	901	Repl Qual Repl Parts RT Mount panel side bracket	1	29.00	0.0	0.0

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
15**S01	Repl	Qual Repl Parts Mount panel center bracket	1	29.00	0.0	0.0
16		FENDER				
17*	Rpr	RT Fender w/o molding	0	0.00	1.5	1.5
18		Overlap Major Adj. Panel	0	0.00	0.0	-0.4
19*		Add for Clear Coat	0	0.00	0.0	0.4
20#		Set up to measure	1	0.00	2.0 F	0.0
21#		Pull sway	1	0.00	2.0 F	0.0
22#		2 Wheel Alignment	1	39.95	0.0	0.0
23 S01		RADIATOR SUPPORT				
24**S01	Repl	Qual Repl Parts CAPA Cover	1	51.00	0.0	0.0
25* S01	Rpr	Radiator support	0	0.00	3.0	1.5
26 S01	Repl	RT Vertical support	1	41.47	0.0	0.0
27* S01	Rpr	Latch support	0	0.00	0.5	0.3
28 S01		FRAME				
29* S01	Rpr	RT Rail end	0	0.00	2.0	0.0
Subtotals ==>				1078.47	15.2	7.7

Line 5 : Included with Bumper cover as per Pathways

Estimate Notes:

Handed shop supplement -- mailed supplement to insured -- No payment

Parts			1078.47
Parts Discount	\$ 329.52	-10.0%	-32.95
Body Labor	11.2 hrs @ \$ 38.00/hr		425.60
Paint Labor	7.7 hrs @ \$ 38.00/hr		292.60
Frame Labor	4.0 hrs @ \$ 38.00/hr		152.00
Paint Supplies	7.7 hrs @ \$ 22.00/hr		169.40
SUBTOTAL			\$ 2085.12
Sales Tax	Tier 1 \$ 2085.12 @ 6.5000%		135.53
TOTAL COST OF REPAIRS			\$ 2220.65
ADJUSTMENTS:			
Deductible			200.00
TOTAL ADJUSTMENTS			\$ 200.00
NET COST OF REPAIRS			\$ 2020.65

THIS IS NOT AN AUTHORIZATION TO REPAIR.
PRESENT THIS ESTIMATE TO THE REPAIR FACILITY OF YOUR CHOICE.
REPAIRS MUST BE AUTHORIZED BY THE VEHICLE OWNER.

THE HARTFORD INSURANCE GROUP WILL NOT HONOR SUPPLEMENTS WITHOUT A REINSPECTION OR PRIOR APPROVAL. CALL RALPH VILONNA AT (800) 637-3410 EX 64065 FOR ALL SUPPLEMENT REINSPECTIONS.

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
----- CHANGED ITEMS -----						
1**	Repl	RECOND Bumper cover XLS, XLT Sport paint	1	-428.00	-1.7	-1.8
3**S01	Repl	RECOND Bumper cover XLS, XLT Sport paint	1	428.00	Incl.	1.8
----- ADDED ITEMS -----						
2 S01		O/H front bumper	0	0.00	2.0	0.0
N 5# S01		Absorber	1	0.00	0.0	0.0
6 S01	Repl	RT Absorber mount bracket	1	40.95	0.0	0.0
7 S01	Repl	LT Absorber mount bracket	1	40.95	0.0	0.0
8 S01	Repl	Reinforcement	1	206.15	Incl.	0.0
13**S01	Repl	Qual Repl Parts RT Repair kit	1	39.00	0.0	0.0
14**S01	Repl	Qual Repl Parts RT Mount panel side bracket	1	29.00	0.0	0.0
15**S01	Repl	Qual Repl Parts Mount panel center bracket	1	29.00	0.0	0.0
23 S01		RADIATOR SUPPORT				
24**S01	Repl	Qual Repl Parts CAPA Cover	1	51.00	0.0	0.0
25* S01	Rpr	Radiator support	0	0.00	3.0	1.5
26 S01	Repl	RT Vertical support	1	41.47	0.0	0.0
27* S01	Rpr	Latch support	0	0.00	0.5	0.3
28 S01		FRAME				
29* S01	Rpr	RT Rail end	0	0.00	2.0	0.0
Subtotals ==>				477.52	5.8	1.8

Line 5 : Included with Bumper cover as per Pathways

Estimate Notes:

Handed shop supplement -- mailed supplement to insured -- No payment

Parts			477.52
Parts Discount	\$ 329.52	-10.0%	-32.95
Body Labor	5.8 hrs @ \$ 38.00/hr		220.40
Paint Labor	1.8 hrs @ \$ 38.00/hr		68.40
Paint Supplies	1.8 hrs @ \$ 22.00/hr		39.60
SUBTOTAL			\$ 772.97
Sales Tax	Tier 1 \$ 772.97 @ 6.5000%		50.24
TOTAL SUPPLEMENT AMOUNT			\$ 823.21
NET COST OF SUPPLEMENT			\$ 823.21

Estimate 1397.44 RALPH VILONNA
Supplement S01 823.21 RALPH VILONNA

Workfile Total \$ 2220.65

TOTAL ADJUSTMENTS \$ 200.00
NET COST OF REPAIRS \$ 2020.65