



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

2008 MAR - 11 PM 2:49  
 10-JAN-2008

Reference No.  
 10214445

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Address [REDACTED]

City NORTH PORT

State FL

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number [REDACTED]

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  
 1FMRU15W34[REDACTED]

Make FORD

Model EXPEDITION

Model Year 2004

Date Purchased 01-OCT-04

Dealer's Name and Telephone Number SARASOTA FORD 941-366-3673

Engine: No: Cylinders 8

Fuel Type: Gas

Original Owner

Dealer's City SARASOTA

State FL

Zip Code 24366

Transmission Type AUTOMATIC  
 Antilock Brakes  
 Cruise Control

Powertrain FRONT WHEEL DRIVE

Vehicle Component Code 103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 31-DEC-2007

Failure Mileage 88594

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 0

Number of Deaths 0

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).

TL\*THE CONTACT OWNS A 2004 FORD EXPEDITION. THE CONTACT STATED THAT THE VEHICLE WOULD NOT MOVE WHEN SHIFTED INTO REVERSE.  
 THE MECHANIC STATED THAT THE TRANSMISSION FAILED. AS OF JANUARY 10, 2008, THE MECHANIC HAD NOT REPAIRED THE VEHICLE. THE CURRENT AND FAILURE MILEAGES WERE 88,594.

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 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.