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 MAY -5 AM 7:20 27-MAR-2008	☐
	Reference No. 10222488

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City LAKELAND	State FL	Zip Code [redacted]	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	Make	Model	Model Year
1FMRU17L2YL[redacted]	FORD	EXPEDITION	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
21-OCT-05	LOVERING AUTO SALES 863-687-8888			No: Cylinders 8	~~Diesel~~ gasoline
Original Owner ☐	Dealer's City LAKELAND	State FL	Zip Code 33801		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	185000 VEHICLE SPEED CONTROL:CRUISE CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-MAR-2008	110000		

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	0	0	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 2000 FORD EXPEDITION. THE CRUISE CONTROL FAILED, AND THE VEHICLE WAS TAKEN ~~THE VEHICLE~~ TO THE DEALER. THE DEALER DIAGNOSED THE FAILURE AS A PROBLEM WITH THE VEHICLE SPEED CONTROL SWITCH. THERE IS A SAFETY RECALL 05V388000 - VEHICLE SPEED CONTROL. THE CONTACT WAS TOLD THAT THE REPAIR HAD ALREADY BEEN MADE TO THE VEHICLE FOR THE PREVIOUS OWNER. THE CURRENT MILEAGE WAS ~~113,000~~ 110,000 AND THE FAILURE MILEAGE WAS 110,000.

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