Form Approved: O.M.B. No. 2127-0008

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 ☐
05-JAN-2010	Reference No. 10298289

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City HALIFAX	State PA	Zip Code [redacted]	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMSU45P24E [redacted]	FORD	EXCURSION	2004

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
02/04/04	Family Ford	1-800-745-4811		V-8	Diesel
Original Owner ☐	Dealer's City Carlisle	State PA	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☑ Antilock Brakes ☑ Cruise Control	4 wheel Drive	4 times	12-OCT-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 063000 ENGINE AND ENGINE COOLING: EXHAUST SYSTEM	Failure Mileage	Failure Speed
	24000	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: 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).

TL* THE CONTACT REPORTED THAT THE EXHUAST IS GOING INTO THE 2004 FORD EXCURSION. THIS HAS BEEN HAPPENING FOR 3 MONTHS. WHEN THE VEHICLE IS IDLE OR STOPPED AT A LIGHT THE EXHAUST COMES THROUGH THE HEATING GRATE. THE VEHICLE HAS 30000 THOUSAND MILES ON IT AND HAD 24000 MILES WHEN PROBLEM STARTED. THE DEALER HAS TRIED TO FIX THE PROBLEM BUT NOTHING HAS WORKED PERMENANTLY. THEY DRIVER IS SUFFERING HEADACHES AND DROWSYNESS WHEN DRIVING. THE VIN # WAS NOT AVAILABLE.

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 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.

2010 JAN 19 PM 5:01

CUSTOMER #: 8963461

187953

INVOICE

MAGUIRE'S FORD

South Main St.
P.O. Box 39
DUNCANNON, PA 17020

Phone
737-2772
834-3111

[redacted]
HOME: [redacted] CONT:N/A
BUS: CELL: [redacted]

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SERVICE ADVISOR: 4783 WILLIAM SHEAFFER

COLOR	YEAR	MAKE/	VIN	LICENSE	MILEAGE IN/OUT	TAG
	04	FORD EXCURSION	1FMSU45P24E[redacted]		30084/30084	

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO N	RATE	PAYMENT	INV. DATE
01JAN04 DD			17:00 05DEC09			CASH	09DEC09

R.O. OPENED	READY	OPTIONS:
11:08 05DEC09	13:31 09DEC09	ENG:6.0_Liter

LINE OPCODE-TECH TYPE HOURS			LIST	NET	TOTAL
A CUSTOMER STATES EXHAUST LEAK & GETS EXHAUST FUMES IN VEH AT STOPS; CUSTOMER STATES BOTH EXHAUST MANIFOLDS ARE LEAKING					
MA01 CHECK & DIAG. CUSTOMER CONCERN; REPLACE LEFT & RIGHT EXHAUST MANIFOLD GASKETS.					
	380	C		369.53	369.53
2	6C3Z*9448*A	GASKET	15.48	15.48	30.96
PARTS:	30.96	LABOR: 369.53	OTHER: 0.00	TOTAL LINE A:	400.49

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CUSTOMER PAY CHARGES FOR SHOP MATERIAL USED AND HAZARD WASTE FOR REPAIR 5.00

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	369.53
PARTS AMOUNT	30.96
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	5.00
TOTAL CHARGES	405.49
LESS INSURANCE	0.00
SALES TAX	24.33
PLEASE PAY THIS AMOUNT	429.82

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