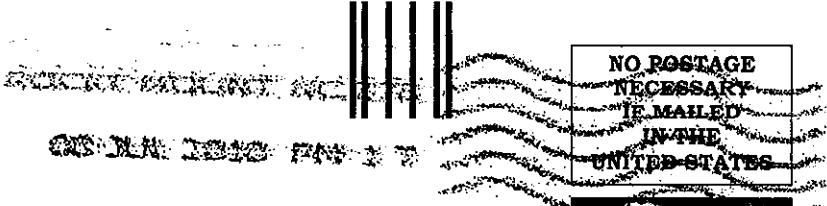
 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received JUL 16 2010 19-MAY-2010		Repository <input type="checkbox"/> Reference No. 10331171	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	
Name		Address		E-mail Address	
City		State		Evening Telephone Number	
PINETOWN		NC			
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
1FMRU1766YL			FORD	EXPEDITION	2004
Date Purchased		Dealer's Name and Telephone Number		Engine:	Fuel Type:
?		Jensen Ford		No: Cylinders	gas
Original Owner		Dealer's City		State	Zip Code
<input type="checkbox"/>		Plymouth		NC	27962
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes		Multiple Failure:	Incident Date(s)
		<input type="checkbox"/> Cruise Control		electrical system	19-JAN-2009
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 160000 STRUCTURE, 110000 ELECTRICAL SYSTEM				Failure Mileage	Failure Speed
					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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 OWNS A 2004 FORD EXPEDITION. THE CONTACT TURNED THE ENGINE OFF AND EXITED THE VEHICLE. SUDDENLY, A FAN BLOWING NOISE CAME FROM UNDERNEATH THE HOOD AREA AND THE INTERIOR LIGHTS BLINKED CONTINUOUSLY. THE ENGINE WAS RESTARTED AND TURNED OFF. HOWEVER, THE FAILURE CONTINUED TO OCCUR. WHEN THE BATTERY CABLE WAS DISCONNECTED THE FAILURES STOPPED. THE FAILURES OCCURRED UNDER RAINY CONDITIONS ON SEVERAL SEPARATE OCCASIONS. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER FOR INSPECTION. THE TECHNICIAN STATED THE FAILURE WAS CONTRIBUTED TO WATER LEAKING INTO THE SMART JUNCTION BOX APART OF THE ELECTRICAL SYSTEM. THE CONTACT SCHEDULED AN APPOINTMENT FOR DIAGNOSTIC TESTING. THE VEHICLE HAD NOT BEEN REPAIRED AT THE TIME OF THE COMPLAINT. THE FAILURE MILEAGE WAS UNKNOWN.					
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.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Description of failures in listed on other side is correct & happened several times. Always had to disconnect battery cable for it to stop. Failure has been corrected & had to pay for it out of my own pocket. This to me was a manufacturing problem & I should have not had to pay for it! This vehicle was kept under garage all the time ^{and} hasn't been driven in the rain but a few times!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE
Washington, D.C. 20077-9382
Official Business
Penalty for Private Use \$300



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POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

