



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 241

Date Received

31-JAN-2001

Od_or _____
rt_dt _____
pd_rt _____
ip_ltr _____

Reference No.

879462

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMRU19WLB45741	FORD TRUCK	EXPEDITION	1998	

Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size _____ (CID/CCL) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
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Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL-PEDAL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No. of Failures	Date(s) of Failure(s) 29-JAN-2001 Mileage at Failure(s) 26700 Vehicle Speed at Failure(s)	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ No
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APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities 	Estimated Property Damage 	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE STUCK IN OPEN POSITION WHILE PULLING INTO GARAGE AND HIT WALL. DRIVER RECEIVED HEAD INJURIES. DEALER / MANUFACTURER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

CONTINUE ON BACK IF NEEDED

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Received: <u>31-JAN-2001</u> Office: <u>SAFETY INVESTIGATION</u> Reference No.: <u>879462</u> Work Number: _____ Home Number: _____	
OWNER INFORMATION (Type or Print) [Redacted] 671415		Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, NHTSA will NOT provide your name and address to the vehicle manufacturer. Signature of Owner: [Redacted] Date: <u>2/02/2001</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>1FMRU18WLB45741</u>	<u>FORD TRUCK</u>	<u>EXPEDITION</u>	<u>1998</u>
Purchase Date <u>June - 1998</u>	Dealer's Name <u>Garden State Auto Park</u>	Engine Size (CID/CC) _____ No. Cylinders <u>8</u>	Current Odometer Reading <u>26,700</u>
☐ New ☒ Used	City <u>Easton</u> State <u>NY</u> Zip Code <u>07824</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	☒ Sport Utl ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>06410000</u>	Part Name(s) <u>FUEL THROTTLE LINKAGES AND CONTROL PEDAL</u>	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) <u>29-JAN-2001</u> Mileage at Failure(s) <u>26700</u> Vehicle Speed at Failure(s) <u>25-30 MPH</u>	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☒ No
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
Crash ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>1</u>	Number of Fatalities <u>0</u>
Estimated Property Damage <u>\$32,000.00</u>		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
THROTTLE STUCK IN OPEN POSITION WHILE PULLING INTO GARAGE AND HIT WALL. DRIVER RECEIVED HEAD INJURIES. DEALER / MANUFACTURER NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK			

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INFORMATION ON TIRE FAILURE(S) IF APPLICABLE:

507

SIZE

NARRATIVE DESCRIPTION (CONTINUED)

No Recalls on Vehicle or Any Mechanical Work. Just Routine Maint. Oil Changes Etc. Vehicle Computer to be checked by Aon Insurance Co. Investigating due to Damage to Home

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**