



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 1039

Date Received

22-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

891024

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) (Locate at bottom of windshield or driver's side) 1FMRUI665YLB52035	Vehicle Make FORD TRUCK	Vehicle Model EXPEDITION	Vehicle Year 2001	Current Odometer Reading
Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ 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 _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000 08310000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL ELECTRICAL SYSTEM WIRING HARNESS FRONT UNDERHOOD	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT ANY SPEED ENGINE RODE VERY ROUGHLY, AND RPMS REVVED. ALSO, CONSUMER HAS NOTICED SMOKE COMING FROM STEERING WHEEL COLUMN. CONSUMER HAS CONTACTED DEALER. DEALER UNABLE TO DETERMINE CAUSE OF PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

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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 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Vehicle Owner's Questionnaire (VOQ) L.S. Department of Transportation National Highway Traffic Safety Administration	
FOR AGENCY USE ONLY 1039		Date Received: 01/10/06 Office: EFFECTS INVESTIGATION Reference No.: 891024	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO		Signature of Owner: [Redacted] Date: 03/04/01	
VEHICLE INFORMATION Vehicle Ident. No. (VIN): 1FMRU665YLB52035 Vehicle Make: FORD TRUCK Vehicle Model: EXPEDITION Vehicle Year: 2001 Current Odometer Reading:		Purchase Date: 05-17-00 Dealer's Name: Jannell Ford City: Kansas State: MO Zip code:	
TRANSMISSION TYPE ☒ Automatic ☐ Manual		RESTRAINT SYSTEM ☒ 3-Point Belt ☒ Driver's Airbag ☒ Passenger's Airbag ☐ Motorized 2-Point Belt	
DRIVE TRAIN ☒ Front ☐ Rear ☐ 4-Wheel		VEHICLE TYPE ☒ Car ☐ Minivan ☐ Van ☐ Truck ☐ Motorcycle ☐ Sport Utility ☐ Body Style	
ENGINE SIZE ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection		VEHICLE INFORMATION Engine Size: No cylinders:	
FAILED COMPONENT(S)/PART(S) INFORMATION Component: 08310000 Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL ELECTRICAL SYSTEM; WIRING; HARNESS; FRONT UNDERHOOD Location: ☐ Left ☐ Right Failed Part(s): ☐ Front ☐ Rear Failed Part(s): ☐ Original ☐ Replacement		APPLICATION INCIDENT INFORMATION Date(s) of Failure(s): Mileage at Failure(s): 13,000 Vehicle Speed at Failure(s): Failed Part(s): Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☐ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE DRIVING AT ANY SPEED ENGINE ROSE VERY ROUGHLY, AND RPM'S REVVED, ALSO, CONSUMER HAS NOTICED SMOKE COMING FROM STEERING WHEEL COLUMN. CONSUMER HAS CONTACTED DEALER, DEALER UNABLE TO DETERMINE CAUSE OF PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. TAK		Crash: ☐ Yes ☒ No Fine: ☐ Yes ☒ No Number of Persons Injured: ☐ Yes ☒ No Number of Fatalities: ☐ Yes ☒ No Estimated Property Damage: ☐ Yes ☒ No Reported to Police: ☐ Yes ☒ No	
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
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