



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 231

Date Received

13-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899032

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMRU1669YLC49190		FORD TRUCK	EXPEDITION	2000	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13440000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:HANDLE:OUTSIDE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 07-NOV-2001	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE CHILD WAS OPENING OUTSIDE DOOR BY HANDLE CHILD'S TWO FINGERS GOT CAUGHT BY INSIDE OF HANDLE AND WERE CUT. PLEASE PROVIDE FURTHER INFORMATION. *AK

COPIES OF REPORTS ARE KEPT

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.



U.S. Department
of Transportation
National Highway
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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4226

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received

11/2/2001
11-NOV-2001

Od or
rt dt
od rt
up ltr

Reference No.

899032

Work Number

Home No.

OWNER INFORMATION (Type or Print)

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of an authorized

address to the vehicle manufacturer.

Signature of Owner

Date 11/30/01

Vehicle Ident. No. (VIN) (located as follows:
windshield on driver's side)

1FMRU1669YLC49190

Vehicle Make

FORD TRUCK

Vehicle Model

EXPEDITION

Vehicle Year

2000

Current Odometer Reading

Purchase Date

AUGUST 2000

Dealer's Name TOM'S FORD

Engine Siz
(CID/CC/L

No Cylinders 6

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

☒ New ☒ Used

City KEYPORT State NJ Zip Code

Transmission Type

☐ Manua
☒ 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
☐ All Wheel

Vehicle Type

☐ Car
☒ Sport Ut
☐ Minivan
☐ Motorcycle
☐ Other

Body Style

☐ 2 Door
☒ 4-Door
☐ Minivan
☐ Pick Up
☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
13440000Part Name(s)
STRUCTURE:DOOR ASSEMBLY:HANDLE:OUTSIDE

Location

☐ Left
☐ Front
☒ Right
☒ Rear

Failed Part(s)

☒ Original
☐ Replacement

No of Failures

5

Date(s) of Failure(s) 07-NOV-2001

Mileage at Failure(s)

Vehicle Speed at Failure(s) 0

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

1

Number of Fatalities

0

Estimated Property Damage

Reported to Police

☐ Yes☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE CHILD WAS OPENING OUTSIDE DOOR BY HANDLE CHILD'S TWO FINGERS GOT CAUGHT BY INSIDE OF HANDLE AND WERE CUT. PLEASE PROVIDE FURTHER INFORMATION. *AK CHILD REQUIRED 10 STITCHES. Both Fingernails ARE FALLING OFF COMPLETELY. Child has SUFFERED GREATLY. *Many times in the past the Door Handle has caused my Fingernails to snap and break.

CONTINUE ON BACK IF NEEDED

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