



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

JUL 29 2005

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

James Vondale, Director
Automotive Safety Office, Environmental and Safety Compliance
Ford Motor Company
Fairlane Plaza South
330 Town Center Drive, Suite 500
Dearborn, MI 48126

NVS-212cag
PE05-033

Dear Mr. Vondale:

This letter supplements our Preliminary Evaluation Information Request (PEIR) of June 23, 2005 concerning allegations of water leaks around the windshield causing failure of various electrical components on the 1999-2001 Model Year (MY) Ford Expedition sport utility vehicles manufactured by Ford Motor Company. To assist us at this stage of the investigation, we are requesting updated and additional information.

Since our letter of June 23, 2005, we have received 16 new reports of windshield water leaks causing failed electrical components in the subject vehicles. A copy of each report is enclosed for your information. Unless otherwise stated in the text, the following definitions apply to these information requests:

Subject vehicles: all MY 1999-2001 Ford Expedition sport utility vehicles manufactured for sale or lease in the United States.

Subject component(s): the windshield assembly, including the adhesive sealant.

Ford: Ford Motor Company, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of Ford (including all business units and persons previously



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

referred to), who are or, in or after 1996, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
- b. Testing, assessment or evaluation;
- c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
- d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.

Alleged defect: leakage of rain water and melting snow around the windshield into the vehicle.

Document: "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by Ford, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by Ford or not. If a document is not in the English language, provide both the original document and an English translation of the document.

Other Terms: To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as Ford has previously provided a document to ODI, Ford may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After Ford's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. Describe in detail, using diagrams where applicable, any modifications or changes made to the location of the Generic Electronic Module (GEM) and the Fuse Box in the subject vehicle.
2. Provide a schematic diagram of the GEM. Identify the location and function of each pin.
3. Provide an Owner's Guide for the 1999-2001 Expedition. If the Owner's Guide for the 1997 Expedition is the same as the Owner's Guide for the 1999-2001 Expedition, disregard this request.
4. Provide a sample of the following:
 - a. GEM
 - b. Defective GEM that was removed from a consumer's Expedition
 - c. Fuse box
 - d. Defective Fuse box that was removed from a consumer's Expedition

This letter is being sent to Ford pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. Ford's failure to respond promptly and fully to this letter could subject Ford to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-

414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If Ford cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, Ford does not submit one or more requested documents or items of information in response to this information request, Ford must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Ford's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by August 19, 2005. Please refer to PE04-033 in Ford's response to this letter. If Ford finds that it is unable to provide all of the information requested within the time allotted, Ford must request an extension from me at (202) 366-5218 no later than five business days before the response due date. If Ford is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information Ford then has available, even if an extension has been granted.

If Ford claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, Ford must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. Ford is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Cynthia Glass of my staff at (202) 366-2920.

Sincerely,

for 

Thomas Cooper, Chief
Vehicle Integrity Division
Office of Defects Investigation

Enclosure: VOQ numbers:

10114382
10125947
10126034
10126051
10126108
10126109
10126157
10126181
10126189
10126171
10126216
10126248
10126309
10126384
10126512
10126861



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: 20-MAR-2005
Repository:
Reference No.: 10114382

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SAN ANTONIO State: TX Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: / /

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FMRU15W92 [Redacted]
Make: FORD Model: EXPEDITION Model Year: 2002
Date Purchased: 20-FEB-02 Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No. Cylinders: 6 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 114200 ELECTRICAL SYSTEM; WIRING; INTERIOR/UNDER DASH
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-MAR-2005 Failure Mileage: 57535 Failure Speed: _____

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: DOTM1ALSABC036): _____ 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: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: 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).

EVERY TIME IT RAINS HARD MY VEHICLE WON'T START AND IF IT DOES THE WIPERS AND RADIO WILL NOT OPERATE WHEN I PUT IN REVERSE OR DRIVE. I TOOK IT TO THE DEALERSHIP AND THEY TOLD ME THAT IT WAS THE RIGHT SIDE WINDSHIELD SEAL. I ASKED THEM IF THIS WAS A MANUFACTURE DEFECT AND THEY SAID NO THAT IT WAS THE SHIFTING OF THE GLASS WHEN I RUN OVER BUMPS. THE SAME THING WAS HAPPENING TO A F-250 PUJ WHEN I TOOK MY VEHICLE IN. THEY TOLD ME THAT THEY WOULD HAVE TO REPLACE THE FUSE BOX, GEAR MODULE, REAR WIPER MOTOR. I DON'T BELIEVE BUMPS WOULD CAUSE THIS TO HAPPEN AND FROM THE SOUND OF IT, IT APPEARS TO HAVE BEEN HAPPENING FOR A GOOD WHILE BECAUSE THEY TOLD ME AT THE SERVICE DEPARTMENT THAT THERE WAS MOLD IN THE GEAR MODULE. I AM AFRAID THAT IF IT RAINS AND I AM ON THE ROAD THAT MY TRUCK MIGHT JUST TURN OFF OR MY WIPERS MIGHT SHORT OUT. THE ESTIMATED COST FOR ALL REPAIRS IS ABOUT \$1000.00. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 responses 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Date Received 21-JUN-2005</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10126034</p>	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	MI	Zip Code		
DETROIT					
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p>					
Signature of Owner		Date		/ /	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FMRU17L6X		FORD	EXPEDITION	1999	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
17-NOV-98	RIVERSIDE FORD		No: Cylinders 8	Gas	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>	DETROIT	MI			
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	REAR WHEEL DRIVE		131000 VISIBILITY:WINDSHIELD	
				Multiple Failure:	
FAILED COMPONENT(S) / PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
15-FEB-2003	100	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: DOTM1A9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> After 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	
<p>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).</p>					
<p>DT: THE VEHICLE DOES NOT START WHEN THERE IS RAIN, SNOW OR ANY WATER RELATING ISSUES. IT ALSO CAUSES OTHER ELECTRICAL PROBLEMS. THE DEALER KEEPS REPLACING THE COMPUTER, WHICH NEVER LAST. THE DEALERSHIP HAS REPLACED THE WINDSHIELD, AND THAT DID NOT FIX THE PROBLEM. FORD HAS BEEN CONTACTED BY THE OWNER. FORD RECOMMENDED THAT THE OWNER TRY ANOTHER DEALERSHIP. THE OWNER HAS BEEN TO MORE THAN ONE DEALERSHIP TO TRY TO FIX THE PROBLEM, AND THEY COULD NOT FIGURE OUT THE PROBLEM EITHER. THE VEHICLE HAS BEEN IN THE SHOP OVER THESE ISSUES BETWEEN 6-12 TIMES AND NOW THE DEALERSHIP WILL NOT EVEN GIVE THE OWNER AN INVOICE. THE OWNER HAS SPENT ABOUT \$4,000.00 OVER 8 MONTHS ON TRYING TO FIX THIS PROBLEM. THIS OWNER IS NOT SATISFIED WITH THE DEALERSHIP OR FORD. THE WATER PROBLEMS HAVE BEEN GOING ON FOR TWO YEARS. THE WHEEL CAME OFF LAST YEAR IN JULY. THE WHEEL STARTED VIBRATING AND THE WHEEL JUST CAME OFF WHILE DRIVING. THE WHEEL LUG NUTS AND BOLTS WERE BROKEN OFF. 4 OUT OF 5 LUGS AND NUTS WERE MISSING. THE ODOMETER DOES NOT WORK. THE ODOMETER BLINKS OFF AND ON. THE ODOMETER WILL STAY OFF FOR MONTHS, WHEN IT COMES BACK ON THE MILEAGE MAY GO FORWARD OR IT MAY GO BACKWARDS. THE OWNER TOOK THE VEHICLE IN AND HAD THE LUG AND NUTS A LONG WITH THE RIM AND WHEEL REPALCED.</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.			ATTACH ADDITIONAL SHEETS IF NECESSARY.		
<p>The Privacy Act of 1974-Public Law 93-502 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 responses 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.</p>					



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DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received 21-JUN-2005
Repository
Reference No. 10126108

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CINCINNATI State OH Zip Code [REDACTED]
Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

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

Signature of Owner _____ Date 6/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMPU1BL6X [REDACTED] Make FORD Model EXPEDITION Model Year 1999
Date Purchased 07-MAR-05 Dealer's Name and Telephone Number BOB TOWNSEND FORD Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City CINCINNATI State OH Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 115000 ELECTRICAL SYSTEM:FUSES AND CIRCUIT BREAKERS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-APR-2005 Failure Mileage 108300 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) 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 Yes No Fire Yes No Number of Persons Injured 2 Number of Deaths 0 Reported to Police 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).

HAD TO HAVE ELECTRICAL COMPONENTS AND FUSE BOX REPLACED DUE TO WINDSHIELD LEAKING WATER INTO 1999 FORD EXPEDITION.
ALSO REPLACED WINDSHIELD.

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Date Received 27-JUN-2005</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No. 10126661</p>	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State	Zip Code	Evening Telephone Number	
BARTLETT		IL			
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide you name or address to the vehicle manufacturer.</p>					
Signature of Owner		Date			
		/ /			
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FMPU16LX		FORD	EXPEDITION	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
01-FEB-00	PACKEY WEBB FORD 630-668-8870		No: Cylinders 8	Gas	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>	WHEATON	IL	60187		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain:	Vehicle Component Code		
AUTOMATIC	<input type="checkbox"/> Cruise Control	ALL WHEEL DRIVE	110000 ELECTRICAL SYSTEM		
Multiple Failure: 1					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
24-MAY-2005	62000				
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: DOTM19A8C036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
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	0	0	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).					
4 X 4 WARNING LIGHT ON DASH BOARD BEGAN FLASHING. ALL WHEEL DRIVE FAILED.					
THE FORD DEALER REPLACED THE GEM MODULE AND 4 X 4 SENSOR. I CALLED OTHER FORD DEALER'S TO DOUBLE CHECK THE FINDINGS OF THE DEALER I WAS WORKING WITH. ONE SERVICEMAN COMMENTED THAT THE ONLY WAY THE GEM MODULE CAN GO OUT IS TO GET IT WET. THIS IS DIFFICULT TO DO SINCE IT IS INSIDE THE DASH BOARD. I NOW SEE THERE ARE COMPLAINTS ABOUT LEAKY WINDSHIELDS IN EXPEDITIONS. I AM CONCERNED ABOUT WHAT SAFETY ISSUES MAY RESULT WHEN THE GEM MODULE FAILS, AND WHAT ELSE MIGHT FAIL IF THERE IS A LEAKY WINDSHIELD. IN MY CASE, THE ALL WHEEL DRIVE FAILED. THE OLD PART HAS BEEN DISCARDED.					
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 responses 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.					



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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 106148

Date Received 23-JUN-2005	Repository <input type="checkbox"/>
	Reference No. 10126384

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City BRICK	State NJ	Zip Code			

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMRU1860		Make FORD	Model EXPEDITION	Model Year 1999
Date Purchased 01-JAN-04	Dealer's Name and Telephone Number		Engine No: Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 131000 VISIBILITY:WINDSHIELD Multiple Failure: 2	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-MAY-2005	Failure Mileage	Failure Speed	
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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: DOTNALSABC036)	<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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police 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 (e.g., parts repaired or replaced (and if old part is available)).

DT:
THE CONSUMER STATES WHENEVER IT RAINS OR SNOWS, THE WINDSHIELD LEAKS CAUSING THE WINDSHIELD WIPERS TO STOP WORKING, THE LIGHTS FLASHED, THE RADIO DID NOT WORKING, AND THEN AT TIMES THE VEHICLE WILL NOT START. THE MODULE HAS BEEN REPLACED THREE TIMES AND THE WINDSHIELD HAS BEEN REPAIRED TWICE, NOW IT IS BEING REPLACED AGAIN

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY**

The Privacy Act of 1974 (Public Law 93-502) 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
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

23-JUN-2005

Repository Reference No.
10126309

OWNER INFORMATION (Type or Print)

Name

Address

City SAN LORENZO

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner _____ Date 6/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FMFU16L3

Make

FORD

Model

EXPEDITION

Model Year

2000

Date Purchased
17-SEP-00

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

131000 VISIBILITY:WINDSHIELD

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-MAR-2005Failure Mileage
32288Failure Speed
10

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)

 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

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

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).

I NOTICED WHEN EVER I DROVE MY CAR IN THE RAIN WATER WOULD LEAK ON MY RIGHT LEG AND FOOT, MY WIPERS, RADIO AND CLOCK WOULD STOP WORKING AND I HEARD A SIZZLING NOISE IN THE LEFT DASH AREA. I ALSO WAS UNABLE TO USE MY KEYLESS REMOTE, THE ALARM WOULD GO OFF EVERY TIME.

I BROUGHT MY 2000 EXPEDITION TO HAYWARD FORD TO HAVE THEM CHECK AND REPAIR THE PROBLEM IN MARCH OF THIS YEAR. THEY COULD NOT FIND ANYTHING LEAKING, OR THE SIZZLING NOISE I HEARD IN THE DASH, HOWEVER THEY DID TELL ME THERE WAS A DAMAGED JUNCTION BOX AND KEPT MY CAR FOR 5 DAYS (THEY WERE WAITING FOR THE PARTS TO COME), WELL AFTER 5 DAYS OF HAVING A RENTAL THAT ALSO COST ME MONEY, I WENT AND PICKED UP MY EXPEDITION. IT MADE NO SENSE TO ME TO HAVE THE JUNCTION BOX REPLACED SINCE THEY COULD NOT FIND WHERE THE LEAKING PROBLEM WAS.

ON JUNE 8, 2005 I BROUGHT MY EXPEDITION INTO ANOTHER FORD DEALER (THE FORD STORE SAN LEANDRO) HOPING THEY COULD FIND THE PROBLEM. WELL THEY FOUND THE PROBLEM, THEY SAID THE WINDSHIELD WAS LEAKING AND HAD CAUSED DAMAGE TO THE CENTRAL JUNCTIC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's actions.



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

22-JUN-2005

Repository

Reference No.

10126248

OWNER INFORMATION (Type or Print)

Name

Address

City

MIAMI SHORES

State

FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FMRU17L41

Make

FORD

Model

EXPEDITION

Model Year

2001

Date Purchased
10-NOV-03

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

131000 VISIBILITY:WINDSHIELD

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

15-JUN-2005

Failure Mileage

Failure Speed

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: DOTM19A3C036)

 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

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

DT: CONTACT STATES THE WINDSHIELD IS LEAKING, CAUSING THE COMPUTER IN THE FUSE PANEL TO SHORT OUT. THE STEREO, WINDSHIELD WIPERS, AND THE AIR CONDITIONER COME ON WHEN THE VEHICLE WAS NOT IN USE. WINDSHIELD WAS REPLACED. WARRANTY EXPIRED, AND ELECTRONIC PANEL HAD NOT BEEN REPLACED. FORD MANUFACTURER HAS BEEN CONTACTED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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

22-JUN-2005

Repository Reference No.
10126215**OWNER INFORMATION (Type or Print)**

Name

Address

City

BOYERTOWN

State

PA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FMPU16L4N

Make

FORD

Model

EXPEDITON

Model Year

2000

Date Purchased

02-NOV-00

Dealer's Name and Telephone Number

JOHN KENNEDY FORD 610-495-7100

Engine

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

POTTSTOWN

State

PA

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

131000 VISIBILITY: WINDSHIELD

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10-MAR-2004

Failure Mileage

Failure Speed

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: DOTM4L9ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

The 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

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

DT:

CONTACT STATES WHENEVER RAINING THE WINDSHIELD WIPERS WOULD NOT WORK, ONLY AFTER THE VEHICLE WAS STOPPED. THERE WERE ELECTRICAL ISSUES, I.E. THE RADIO WOULD BE ON IN THE MORNING, THE DOORS WOULD UNLOCK WHILE DRIVING, RADIO GOING ON AND OFF. WHILE DRIVING THE CONTACT NOTICED WHILE IT WAS RAINING THE WINDSHIELD WOULD LEAK. THE WINDSHIELD AND PART OF THE ELECTRICAL SYSTEM WAS REPLACED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 22-JUN-2005
Repository
Reference No. 10126171

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WARREN State MI Zip Code [REDACTED]
Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FMPU18L6 [REDACTED]
Make FORD Model EXPEDITION Model Year 2001
Date Purchased 17-DEC-00 Dealer's Name and Telephone Number KRUSE STARK HICKEY 3135366600 Engine: No: Cylinders Fuel Type: Gas
Original Owner Dealer's City DETROIT State MI Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 110000 ELECTRICAL SYSTEM Multiple Failure: 50

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-AUG-2004 Failure Mileage 28000 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: DOTM1A9ABC036) 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(es).)

Crash Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths 0 Reported to Police N

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

THIS EXPEDITION STARTS UP WITH NO KEY WIPERS START AND STOP DOOR LOCKS OPEN AND CLOSE 4 WHEEL DRIVE ENGAGES AND DISENGAGES IN PARK OR NEUTRAL THE CAR TRIES TO START AGAIN WHEN IT IS ALREADY RUNNING . THE CAR WAS PARKED WHILE I WENT INTO THE STORE MY WIFE WAS IN THE CAR IT JUMPED INTO REVERSE SHE JUMPED OUT OF THE CAR THE DOOR HIT HER NOCKED HER DOWN AND ALMOST RAN HER OVER THIS CAN BE REPEATED THE FUSE BOX AND MODULE WERE REPLACED AT A COST OF ABOUT \$1,000.00 ALSO I HAD TO REPLACE THE FRONT WINDSHIELD AS IT WAS LEAKING THEY SAID THE CAR WAS OUT OF WARRENTY THE CAR HAS NEVER BEEN IN A ACCIDENT .

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-570 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
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 22-JUN-2005
Repository
Reference No. 10126169

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MARION State MT Zip Code [REDACTED]
Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMRU1663Y [REDACTED] Make FORD Model EXPEDITION Model Year 2000
Date Purchased 11-NOV-00 Dealer's Name and Telephone Number DEPRATU FORD Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City WHITEFISH State MT Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 136100 VISIBILITY:WINDSHIELD WIPER/WASHER:SWITCH/WIRING
Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-OCT-2004 Failure Mileage 30000 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM1A9ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)


Crash Yes No Fire Yes No
Number of Persons Injured 0 Number of Deaths 0 Reported to Police 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;
ie, parts repaired or replaced (and if old part is available).

6-12 MONTHS AGO, 2000 FORD EXPEDITION STARTED HAVING ERRATIC ELECTRICAL BEHAVIOR. WINDSHIELD WIPERS QUIT WORKING DURING RAINSTORM WHILE AWAY ON VACATION. WAS VERY HAZARDOUS TO HAVE HAPPEN WHILE DRIVING DOWN HIGHWAY DURING A DOWNPOUR!
RADIO WOULD GO ON AND OFF WHILE SHIFTING THE AUTOMATIC TRANSMISSION.
TOOK TO DEALER (STILL UNDER WARRANTY AT THIS TIME), THEY "TIGHTENED UP SOME THINGS", PROBLEM WENT AWAY, UNTIL NEXT RAIN STORM!
DUE TO NEEDING THE VEHICLE, I COULD NOT GET IT BACK TO DEALER BEFORE FACTORY WARRANTY EXPIRED. I THOUGHT IT WOULD BE OK THOUGH, BECAUSE I HAD PURCHASED A "PREMIUM" EXTENDED WARRANTY.
TOOK TO DEALER A SECOND TIME, NOW TRUCK TRIES TO START ITSELF WITH NO KEY IN IGNITION, WIPERS AGAIN FAIL WHILE DRIVING DURING RAINSTORM, HEATER BLOWER MOTOR REMAINS RUNNING AFTER EXITING VEHICLE. THIS DRAINS THE BATTERY IF LEFT OVERNIGHT, AND RESULTS IN AN INOPERABLE VEHICLE.
TRUCK FOUR WHEEL DRIVE INDICATORS FLASH ON AND OFF AT TIMES WHILE DRIVING. NOT A GOOD FEELING WHEN TRAVELING 70 MPH ON TI

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 responses 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		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 20-JUN-2005	Repository <input type="checkbox"/>	Reference No. 10125947	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
EL SEGUNDO	CA	90245			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner			Date		
			/ /		
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
1FMRU17L9*		FORD	EXPEDITION	1999	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
09-MAY-02			No: Cylinders 8	Gas	
Original Owner	Dealer's City	State	Zip Code		
<input type="checkbox"/>					
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	REAR WHEEL DRIVE	135200 VISIBILITY:REARVIEW MIRRORS/DEVICES:EXTERIOR		
			Multiple Failure: 99		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
02-JUN-2003	37000				
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	Failure Location:			
	<input type="checkbox"/> Prior Repair				
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					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
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	0	0	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).					
THE RIGHT OUTSIDE MIRROR MATERIAL IS FLAKING OFF MAKING IT NEARLY IMPOSSIBLE TO SEE DOWN THIS SIDE OF THE VEHICLE. AFTER DOING SOME RESEARCH, I HAVE FOUND OUT THAT HUNDREDS OF PEOPLE HAVE COMPLAINED TO FORD ABOUT THE DEFECTIVE MIRROR AND FORD REFUSES TO FIX THE QUALITY PROBLEM. ADDITIONALLY, THE WIPERS, COME ON AN OFF FOR NO APPARENT REASON. IN SPEAKING WITH THE DEALER ABOUT BOTH OF THESE PROBLEMS, THEY INDICATE FORD WILL NOT REMEDY THIS SITUATION EVEN THOUGH MANY HAVE COMPLAINED					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
The Privacy Act of 1974 (Public Law 93-502) 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
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

21-JUN-2005

Repository Reference No.
10126051

OWNER INFORMATION (Type or Print)

Name

Address

City

FRISCO

State

TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date 6/21/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FMRU17L7

Make

FORD

Model

EXPEDITION

Model Year

2001

Date Purchased
20-NOV-02Dealer's Name and Telephone Number
NORTH CENTRAL FORD 972-231-3491Engine:
No. Cylinders 8Fuel Type:
GasOriginal Owner
Dealer's City
RICHARDSONState
TXZip Code
75080Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
REAR WHEEL DRIVEVehicle Component Code
131000 VISIBILITY:WINDSHIELD

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-JUN-2004Failure Mileage
35600Failure Speed
35

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: DOTMALSABC036)

 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

0

0

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).

2001 FORD EXPEDITION (EDDIE BAUER) HAS HAD REPEATED WATER LEAKS IN FRONT WINDSHIELD. I'VE HAD THE WINDOW REPLACED ONCE AND REPAIRED 2 MORE TIMES, SO FAR IN THE PAST 2 YEARS. IT CAUSED MY AUTOMATIC HEAD-LIGHT CONTROL SWITCH TO FAIL. ALSO MY REAR-WINDSHIELD WIPERS FAILED ONCE, BUT I'M NOT SURE IF IT WAS RELATED TO A WINDSHIELD LEAK.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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
(1-888-927-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

21-JUN-2005

Repository Reference No.
10126109

OWNER INFORMATION (Type or Print)

Name

Address

City

INDIANAPOLIS

State

IN

Zip Code

Daytime Telephone Number

[REDACTED]

E-mail Address

Evening Telephone Number

[REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

/ /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FMRU1560

Make

FORD

Model

EXPEDITION

Model Year

2000

Date Purchased
30-APR-01

Dealer's Name and Telephone Number

Engine:
No. CylindersFuel Type:
GasOriginal Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
4 WHEEL DRIVEVehicle Component Code
110000 ELECTRICAL SYSTEM

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-SEP-2004Failure Mileage
40000Failure Speed
30

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)

 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

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

AFTER MY TRUCK SAT IN A DOWNPOUR, I GOT INTO IT TO RUN AN ERRAND. THE RADIO COMPLETELY SHUT OFF WHEN THE VEHICLE WAS IN DRIVE OR REVERSE. WHEN PUT INTO PARK IT CAME RIGHT BACK ON. THE NEXT RAIN WE HAD, A FEW WEEKS LATER, I WAS DRIVING AND DIFFERENT INSTRUMENT LIGHTS BEGAN TO COME ON. 4X4, WINDSHIELD WIPER FLUID, ETC. LIGHTS WERE ILLUMINATED. THE VEHICLE WAS NOT IN 4X4 AT THIS TIME AND THE WINDSHIELD WASHER FLUID WAS 3/4 OF THE WAY FULL. A FEW DAYS LATER WHILE DRIVING IN THE RAIN AGAIN MY WIPERS COMPLETELY QUIT WORKING. EVERY 10 SECONDS OR SO THEY WOULD KICK ON AGAIN FOR ABOUT 3 SECONDS AND THEN STOP AGAIN. THIS WAS AN ABSOLUTELY TERRIFYING SITUATION. I WAS DRIVING IN THE POURING DOWN RAIN ON AN INCREDIBLY BUSY STREET AND MY WIPERS QUIT. AFTER THE FIRST COUPLE OF INCIDENTS MY HUSBAND AND I NARROWED IT DOWN TO HAVING SOMETHING TO DO WITH RAIN WATER. I ASKED A FORD TECH ABOUT THIS OVER THE PHONE AND WAS TREATED LIKE I HAD ABSOLUTELY NO IDEA WHAT I WAS TALKING ABOUT. I FINALLY TOOK IT INTO A DIFFERENT FORD DEALERSHIP AND WAS TOLD THAT IN FACT THE SEAL AROUND THE WINDSHIELD WAS LEAKING, ALLOWING WATER IN TO SHORT OUT THE ELECTRONICS. I AM VERY DISSATISFIED WITH HAVING TO PAY FOR THESE REPAIRS WHEN THE VEHICLE WAS NOT VERY OLD AND IN GREAT CONDITION.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

21-JUN-2005

Repository Reference No.
10126157

OWNER INFORMATION (Type or Print)

Name

Address

City WATKINSVILLE

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FMPU18L7

Make

FORD

Model

EXPEDITION

Model Year

2001

Date Purchased

27-MAR-01

Dealer's Name and Telephone Number

UNIVERSITY FORD 706-546-7208

Engine:

No. Cylinders @

Fuel Type:

Gas

Original Owner

Dealer's City

BOGART

State

GA

Zip Code

30622

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

11000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

23-DEC-2004

Failure Mileage

69159

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: DOTM19ABC035)

 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

0

0

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).

I HAD COMPLETE FAILURE OF ELECTRICAL SYSTEMS DUE TO WATER LEAK AROUND FRONT WINDSHIELD AND/OR MOON ROOF

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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
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National Highway
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Administration

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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100149

Date Received

21-JUN-2005

Repository Reference No.
10126161

OWNER INFORMATION (Type or Print)

Name

Address

City

GRAND BLANC

State

MI

Zip Code

48803

Daytime Telephone Number

020003247

E-mail Address

Evening Telephone Number

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

Signature of Owner

Date 6/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMRU1866XMake
FORDModel
EXPEDITIONModel Year
1999

Date Purchased

Dealer's Name and Telephone Number
LASCO FORDEngine:
No. Cylinders 8Fuel Type:
GasOriginal Owner Dealer's City
FENTONState
MIZip Code
48430

Transmission Type

MANUAL

 Antilock Brakes Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failures: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
16-MAY-2005

Failure Mileage

Failure Speed

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: DOTM4LSABC036)

 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

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

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).

IN RAIN, WIPERS FAIL, DASH LIGHTS FAIL, RADIO FAILS, HVAC FAILS, 4X4 ENGAGES

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department of Transportation
National Highway Traffic Safety Administration

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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: 24-JUN-2005
Repository:
Reference No.: 10126512

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: FOLSOM State: CA Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

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

Signature of Owner: _____ Date: 6/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FMPU16L5[Redacted]
Make: FORD Model: EXPEDITION Model Year: 1999
Date Purchased: 10-JAN-00 Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No: Cylinders: 8 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 110000 ELECTRICAL SYSTEM
Multiple Failures: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 06-JAN-2004 Failure Mileage: _____ Failure Speed: _____

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: DOTM19A6C036): _____ 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: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: 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).

WATER LEAKING UNDER DASH AROUND WINDSHIELD
DEALER TRIED TWICE TO FIX PROBLEM AND TO DATE IT LEAKS WHEN SUBJECTED TO RAIN.

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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