



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

ODI RESUME

Investigation: PE 05-033
Date Opened: 06/15/2005
Principal Investigator: Cynthia Glass
Subject: Electrical System Failure

Manufacturer: Ford Motor Company
Products: 1999-2001 Ford Expedition
Population: 650,000 (estimated)

Problem Description: Water leaks around the windshield causing failure of various electrical components.

FAILURE REPORT SUMMARY

	ODI	Manufacturer	Total
Complaints:	20	0	20
Crashes/Fires:	0	0	0
Injury Incidents:	0	0	0
# Injuries:	0	0	0
Fatality Incidents:	0	0	0
# Fatalities:	0	0	0
Other*:	0	0	0

*Description Of Other:

Action: This Preliminary Evaluation is opened.

Engineer: Cynthia Glass *CG*
Div. Chief: Thomas Z. Cooper
Office Dir.: Kathleen C. DeMeter

Date: 06/15/2005
Date: 06/15/2005
Date: 06/15/2005

Summary: Complainants allege that when it rains or snows, water leaks into the vehicle around the windshield. The water seeps into the fuse box and Ford's GEM (generic electronic module) causing the wipers and other electrical components to malfunction. The GEM controls multiple functions, including, among other things, wipers and lighting.

ED 6/16/05



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

Data Received
15-APR-2004
Repository
Reference No.
10066257

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: NORTH VALLEY STREAM State: NY 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: 1FMRU17L5[REDACTED]
Make: FORD Model: EXPEDITION Model Year: 2001
Date Purchased: 20-SEP-02 Dealer's Name and Telephone Number: PARK INN FORD 516-561-1030 Engine: No: Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: VALLEY STREAM State: NY Zip Code: 11580
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 353600 EQUIPMENT: ELECTRICAL; AIR CONDITIONER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-JUN-2003 Failure Mileage: 33500 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: 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: 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).

BLOWER MOTOR (INSIDE DASH) STOPPED WORKING. DEALER WAS PUZZLED BY THIS FAILURE AT 31,406 MILES. BLOWER MOTOR WAS JUST REPLACED UNDER WARRANTY. ON 4/14/04, (33,500 MILES) AIR CONDITIONING WAS BLOWING EVEN WITHOUT THE KEY IN THE IGNITION. RADIO, CLOCK AND WINDSHIELD WIPERS STOPPED WORKING. APPARENT CAUSE: WATER LEAK. THIS SHOULD BE COVERED BY FIRST INCIDENT, SINCE THE PROBLEM IS IN THE SAME AREA, AND IT OCCURED IN AN INTERVAL OF 10 MONTHS AND ONLY 2,000 MILES. APPARENTLY IT IS NOT COVERED.*AK

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



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: 17-MAR-2005
Repository:
Reference No.: 10114261

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SMITHFIELD State: NC Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] Evening Telephone Number: SAME
E-mail Address: [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: 1FMRU1SL2 [Redacted]
Make: FORD Model: EXPEDITION Model Year: 2001
Date Purchased: 10-AUG-04 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: 114200 ELECTRICAL SYSTEM: WIRING: INTERIOR/UNDER DASH
Multiple Failure: 20

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-JAN-2005 Failure Mileage: 53000 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: DOTM15ABC036): _____ 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 Accident(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. List parts repaired or replaced (and if old part is available).

ELECTRONIC SHORTAGES IS CAUSING MALFUNCTIONS IN THE IGNITION SWITCH, WIPERS, RUNNING LIGHTS AND RADIO. THESE MALFUNCTIONS SEEM TO WORSEN WHEN IT RAINS. THE VEHICLE STARTS BY ITS SELF WHILE UNATTENDED. WHEN DRIVING IF THE WIPERS DONT WORK, I HAVE TO SHIFT THE TRANSMISSION TO NEUTRL FOR THEM TO OPERATE AND THE SAME FOR THE RADIO. I HAVE SPENT SEVERAL HUNDRED DOLLARS TO HAVE THIS PROBLEM LOOKED AT AND THE FORD DEALERSHIP STATED THAT THEY HAVE HAD SEVERAL VEHICLES COME IN WITH THE SAME PROBLEM, BUT I WOULD HAVE TO PAY AROUND \$1000.00 MORE DOLLARS TO CHANGE OUT THE FUSE BOX AND STILL THIS MAY NOT BE THE CURE THE PROBLEM. THE TECHNICIAN STATED THAT WATER WAS GETTING IN BEHIND THE FUSE BOX SOME HOW. HE TOLD ME TO SILICONE THE COW DOWN TO THE WINDSHIELD TO REFLECT THE WATER, SO I DID AND IT DID NOT WORK. EVERY MORNING MY PREGANENT WIFE AS TO USE A BATTERY JUMPER BOX TO JUST START THE VEHICLE BECAUSE THE ELECTRONICS ON THE VEHICLE STAYS ON ALL THE TIME AS IF THE KEY WAS INSERTED AND TURNED TO AUXILIARY. THE VEHICLE ATTEMPTS TO START DURING THE NIGHT BY ITS SELF. IT DOES NOT START, THE STARTER JUST TURNS OVER AS IF IT IS TRYING TO START UNTIL THE BATTERY GOES DEAD. I AM SCARED THAT THE VEHICLE IS GOING TO CATCH FIRE OR EVEN BLOW UP IN FRONT OF MY RESIDENCE. DEALERSHIP SAID THAT THEY COULD NOT FIX THE PROBLEM UNTIL ENOUGH PEOPLE CAME IN ASKING FOR THE SAME HELP. I HOPE THERE IS SOMETHING THAT CAN BE DON!

Includes, 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 1220	
				Date Received 24-JAN-2005	Repository <input type="checkbox"/> Reference No. 10108742
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
DELTONA	FL				
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 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
			FORD	EXPEDITION	2000
Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Original Owner	Dealer's City		State	Zip Code	
<input checked="" type="checkbox"/>					
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
	<input checked="" type="checkbox"/> Cruise Control		110000 ELECTRICAL SYSTEM		
			Multiple Failure: 3		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
08-SEP-2004					
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					
<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).					
UPON PARKING THE VEHICLE, IT WILL AUTOMATICALLY START ITSELF ON ITS OWN WITH NO KEY. ALSO, THE WINDSHIELD WIPERS WERE INOPERABLE. PLEASE PROVIDE ANY FURTHER INFORMATION. PLEASE PROVIDE CORRECT VEHICLE IDENTIFICATION NUMBER.					
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

24-MAR-2005

Repository Reference No.
10114600

OWNER INFORMATION (Type or Print)

Name Daytime Telephone Number E-mail Address
Address
City WINSTON-SALEM State NC Zip Code 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
1FMPU1BL8K
Make FORD Model EXPEDITION Model Year 1999
Date Purchased 01-AUG-03 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 110000 ELECTRICAL SYSTEM Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-MAR-2005 Failure Mileage 130000 Failure Speed 45

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(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 OR SNOWS, SEVERAL FUNCTIONS CONTROLLED BY MY 1999 FORD EXPEDITION'S ELECTRICAL SYSTEM BEGIN TO FUNCTION IRRATICALLY. AS AN EXAMPLE, WHILE DRIVING IN THE RAIN, THE WINDSHIELD WIPERS DO NOT FUNCTION CONTINUOUSLY. IN ADDITION, IF THE VEHICLE IS SITTING IN THE RAIN, SEVERAL FUNCTIONS COME ON AUTOMATICALLY AND THE BATTERY INEVITABLY DIES. I'VE HAD TO REPLACE A BATTERY AND I WOULD LIKE FOR FORD TO ACKNOWLEDGE AND REPAIR THE PROBLEM BEFORE I SINK ANYMORE MONEY INTO IT. IT APPEARS THAT OTHERS HAVE HAD THE SAME PROBLEM AND IT HAS BEEN LINKED TO A LEAKY WINDSHIELD AND THE GEN MODULE OF THE VEHICLE. A RECALL HAS BEEN ISSUED FOR EXPLORERS AND MOUNTAINERS WITH THIS PROBLEM, BUT TO DATE, NOTHING HAS BEEN DONE ABOUT THE EXPEDITION.

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.



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-MAR-2005

Repository Reference No.
10114551**OWNER INFORMATION (Type or Print)**

Name _____ Daytime Telephone Number _____ E-mail Address _____
Address _____
City KENILWORTH State NJ Zip Code _____ 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
1FMFU18L0K_____ Make FORD Model EXPEDITION Model Year 1999
Date Purchased 15-SEP-03 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 ALL WHEEL DRIVE Vehicle Component Code 110000 ELECTRICAL SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 17-FEB-2005 Failure Mileage 70900 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: DOTM1SABC036) 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).


- (1) 1999 FORD EXPEDITION WOULD NOT START, DEAD BATTERY. REPLACED BATTERY, DETERMINED ALL ELECTRONIC COMPONENTS SHORTING OUT AND INOPERABLE: HEADLIGHTS, BRAKE LIGHTS, AND INTERIOR LIGHTS GOES ON AND OFF, WIPERS WORK ONLY INTERMITTENTLY. *AK
- (2) VEHICLE TAKEN TO LOCAL FORD REPAIR FACILITY. DEALERSHIP WAS IMMEDIATELY FAMILIAR WITH PROBLEM. FAILURE ATTRIBUTED TO LEAKING WINDSHIELD AND SUBSEQUENT WATER LEAKAGE ON VEHICLE GEM (GENERAL ELECTRONIC MODULE) AND FUSEBLOCK
- (3) REPAIRS CONSISTED OF REPLACING WINDSHIELD, REPAIRING GEM MODULE WITH IMPROVED WATER RESISTANT VARIATION (RESULT OF TSB), REPLACED FUSEBLOCK, REPLACED STARTER MOTOR. PROBLEMS WITH SOME ELECTRONIC SYSTEMS PERSIST AFTER REPAIR.
- (4) RESULTING \$1,650.00 REPAIR BILL FOR 5 YEAR OLD, 70K MILE GARAGE KEPT VEHICLE DUE TO BEING LEFT IN THE RAIN FOR TWO DAYS.

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.

Called

 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 1375	
		Date Received 19-JUN-2003		Repository <input type="checkbox"/> Reference No. 10024431	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
SARASOTA	FL				
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 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 1FMRU15L61		Make FORD	Model EXPEDITION	Model Year 2001	
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:	
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Anti-lock Brakes	Powertrain	Vehicle Component Code 136200 VISIBILITY:WINDSHIELD WIPER/WASHER: MOTOR		
<input type="checkbox"/> Cruise Control			Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 01-NOV-2002	Failure Message	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: DOTM15ABC036)	<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; i.e. parts repaired or replaced (and if old part is available).					
WINDSHIELD WIPERS DO NOT WORK WHILE VEHICLE'S GEAR IS IN DRIVE. WIPERS ONLY WORK WHEN GEAR IS IN PARK OR NEUTRAL DEALER PREVIOUSLY REPLACED WIPER MOTOR, BUT PROBLEM OCCURRED. RELATED TO RECALL 0125B000. HOWEVER, THIS VEHICLE NOT INCLUDED DUE TO VIN. *AK					
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 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 29-DEC-2004		Repository <input type="checkbox"/> Reference No. 10104687	
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address				
City	State	Zip Code	Evening Telephone Number	
HANNACROIX	NY			
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 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u>1</u> / <u>1</u>				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMRU16W38000000		Make FORD	Model EXPEDITION	Model Year 2001
Date Purchased 26-OCT-04	Dealer's Name and Telephone Number VAN BRUNT MOTORS INC 607-733-5619		Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City HORSEHEADS	State NY	Zip Code 14845	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 114200 ELECTRICAL SYSTEM:WIRING:INTERIOR,UNDER DASH Multiple Failure:	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 23-DEC-2004	Failure Mileage 41000	Failure 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: DOTR149ABC136)	<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 i.e., parts repaired or replaced (and if old part is available).				
WINDSHIELD WIPERS FAILED TO WORK WHEN SUV IN DRIVE; WHEN LIGHTS ON; WIPER AND ABS INDICATOR ON DASH FLASHING ON AND OFF. RADIO SHUTTING OFF WHEN VEHICLE PUT IN DRIVE. PW NOT WORKING WHEN VEHICLE IN DRIVE. 11/28/04 WAS FIRST OCCURRENCE. HAPPENED APPROX. 8 TIMES BETWEEN THEN AND 12/23/2004. *NM				
Includes, if available: Police/Fire Department Report, Photos, and Repair Invoic_____ 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.				

L.M.



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

31-MAR-2005

Repository Reference No.
10116168**OWNER INFORMATION (Type or Print)**

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED]
City WEST ROXBURY State MA Zip Code [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 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMFU18L9 [REDACTED] Make FORD Model EXPEDITION Model Year 2000
Date Purchased 09-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 114200 ELECTRICAL SYSTEM: WIRING: INTERIOR/UNDER DASH
Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 31-MAR-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: DOTM15ABC036) 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).

2000 EXPEDITION, WHICH I'VE OWNED SINCE NEW AND NEVER BEEN DAMAGED IN AN ACCIDENT, ~53,000 MILES IS HAVING ELECTRICAL ISSUES THAT AT TIMES ARE SAFETY ISSUES AS WELL. STARTED WITH FRONT WIPERS RUNNING CONSTANTLY, NOW SOMETIMES THEY WORK SOMETIMES THEY DON'T. RADIO DOES NOT WORK AT TIMES. ALL GAUGES GO TO THEIR EXTREME LIMIT, INCLUDING SPEEDOMETER. DEALER HAS IDENTIFIED A COMPUTER MODULE BEHIND THE DASH THAT HAS BEEN DAMAGED BY WATER. ACCORDING TO THE DEALER THIS IS A KNOWN ISSUE WITH EXPEDITIONS AND IS CAUSED BY WATER LEAKING THROUGH THE FRONT WINDOW AND DOWN ONTO THE MODULE. ONCE THE MODULE IS REPLACED A NEW WINDOW AND SEALANT IS RECOMMENDED. THIS VEHICLE HAS NEVER BEEN IN AN ACCIDENT AND THE FRONT WINDOW IS ORIGINAL. THIS COULD LEAD TO SERIOUS SAFETY ISSUES WHEN THE VEHICLE IS DRIVEN DURING INCLEMENT WEATHER AND THE DRIVER IS UNABLE TO USE THE WIPERS. COULD THIS ELECTRICAL PROBLEM BE LINKED TO THE CURRENT RECALL FOR 2000 EXPEDITIONS WHERE THE CRUISE CONTROL IS SHORTING?

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 100248

Date Received

16-DEC-2004

Repository

Reference No.
10103875

OWNER INFORMATION (Type or Print)

Name

Address

City

STOCKTON

State

CA

Zip Code

95210

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 1/1/04

VEHICLE INFORMATION

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

Make

FORD

Model

EXPEDITION

Model Year

2001

Date Purchased

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

L31000 VISIBILITY:WINDSHIELD

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

16-DEC-2002

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: D07MALSABC036)

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).

THERE IS A LEAK THROUGH THE WINDSHIELD, ENABLING WATER TO RUN DOWN THROUGH THE ELECTRONIC MODULE. THIS IS CAUSING THE DASHBOARD LIGHTS TO TURN ON INTERMITTENTLY, AND CAUSING THE VEHICLE TO SHUT OFF. DEALER WILL REPAIR FOR THE SECOND TIME AT CONSUMER'S EXPENSE.*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 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.

h-112

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 1367	
		Date Received 02-APR-2003	Repository <input type="checkbox"/>
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address			
City	State	Zip Code	Evening Telephone Number
WYOMING	WV	26000	
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 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 FORD	Model EXPEDITION
			Model Year 2000
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders
			Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code
	<input type="checkbox"/> Cruise Control		131000 VISIBILITY:WINDSHIELD
		Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage	Failure Speed	
28-MAR-2003			
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:	
The 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(es).)</i>			
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(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).			
WATER LEAKED INTO THE VEHICLE THROUGH THE WINDSHIELD SEAM, AND SHORTED OUT THE ELECTRICAL SYSTEM. WIPERS WERE INOPERATIVE. THE VEHICLE WOULD NOT START. THE FUSE BOX AND THE WINDSHIELD HAD TO BE REPLACED.			
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.			

Calced



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

15-JAN-2005

Repository

Reference No.
10106371

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]				
City	State	Zip Code	Evening Telephone Number		
DOWNERS GROVE	IL	[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 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
1FMFU16L91L807467		FORD	EXPEDITION	2001
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
04-APR-04	ZIMMERMAN FORD, INC. 630-584-1800		No: Cylinders 8	Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
	ST. CHARLES	IL	60174	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code	
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	4 WHEEL DRIVE	114100 ELECTRICAL SYSTEM:WIRING:FRONT UNDERHOOD	
Multiple Failure: 10				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
14-JAN-2005	64500	55	

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: DOTR149ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Post Retail	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	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).


ELECTRICAL COMPONENTS FAIL WHEN THE CAR IS PUT IN DRIVE, INCLUDING RADIO, REAR WIPER, FOG LAMPS, COMPASS, OUTSIDE TEMPERATURE, POWER WINDOWS, AND DASH WARNING LIGHTS. DEALER REPORTS WINDSHIELD LEAKING, CAUSING COMPONENT FAILURES AND REPAIRS NOT COVERED UNDER WARRANTY. *NM

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

4499

 <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</p>		FOR AGENCY USE ONLY 100148	
		Date Received 25-MAR-2003	Repository <input type="checkbox"/> Reference No. 10010993
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City ALBUQUERQUE	State NM	Zip Code	
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 1/1	
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMPU18L3A		Make FORD	Model EXPEDITION
Date Purchased 15-FEB-02		Dealer's Name and Telephone Number	
Original Owner <input type="checkbox"/>		Engine: No: Cylinders 8	Fuel Type: Gas
Transmission Type AUTOMATIC		Powertrain 4 WHEEL DRIVE	Vehicle Component Code 115000 ELECTRICAL SYSTEM:FUSES AND CIRCUIT BREAKERS
<input checked="" type="checkbox"/> Antilock Brakes		Multiple Failure:	
<input checked="" type="checkbox"/> Cruise Control			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 17-MAR-2003	Failure Mileage 51790	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: 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 <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; i.e., parts repaired or replaced (and if old part is available).			
WATER IN THE FUSE BOX CAUSING MANY SHORTS. THERE IS A LEAK IN THE WHEEL WELL. NO WATER IS ANY WHERE ELSE IN THE SUV. SHORTS INCLUDE, RADIO OFF AND ON, FLASHING LIGHTS ON THE DASH, ALL LIGHTS OFF ON DASH, SUV STARTER RELAY SHORTED AND TRIED TO START THE IGNITION WITHOUT ANY KEYS OR ANYONE IN THE SUV. BECAUSE IT IS CONSIDERED WATER DAMAGE MY EXTENDED WARRANTY WILL NOT COVER IT. FORD MOTOR COMPANY HAS BEEN CONTACTED BY MYSELF AND THEY HAVE APPARENTLY HEARD OF THIS COMPLAINT AND WILL NOT ASSUME RESPONSIBILITY AT THIS TIME.			
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>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</p>				FOR AGENCY USE ONLY 100248	
				Date Received 09-FEB-2005	Repository <input type="checkbox"/> Reference No. 10111179
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
DACULA	GA				
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 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 FORD	Model EXPEDITION	Model Year 2000
Date Purchased	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 136000 VISIBILITY:WINDSHIELD WIPER,WASHER		
			Multiple Failures: 4		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 07-SEP-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: 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).					
THE WINDSHIELD WIPERS WORKED INTERMITTENTLY, CAUSING THE INTERIOR LIGHTS, INSTRUMENT CLUSTER, AND WINDOWS NOT TO FUNCTION. MANUFACTURER WAS CONTACTED BY CONSUMER.*AK					
Includes, 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.					



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	Repository <input type="checkbox"/>
10-JAN-2005	Reference No. 10106065

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City WALNUT 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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1FMRU15L3 _____	Make FORD	Model EXPEDITION	Model Year 2001
Date Purchased 13-MAR-02	Dealer's Name and Telephone Number		Engine: Nos Cylinders 8
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 REAR WHEEL DRIVE	Vehicle Component Code 136100 VISIBILITY:WINDSHIELD WIPER/WASHER;SWITCH/WIRING
			Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-JAN-2005	Failure Mileage 65809	Failure Speed 55	
---------------------------------	--------------------------	---------------------	--

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: DOT4AL9ABC036)	<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;
i.e., parts repaired or replaced (and if old part is available).

WINDSHIELD WIPERS STOPPED WORKING WHILE DRIVING IN THE RAIN.
FORD DEALER AND FORD "CUSTOMER ASSISTANCE" 800-392-FORD REFUSED TO REPAIR PROBLEM OF WATER IN DRIVER COMPARTMENT FUSE BOX CAUSED BY LEAKING ORIGINAL WINDSHIELD, RESULTING IN SHORTING OUT OF THE WINDSHIELD WIPERS AND OTHER DASH EQUIPMENT WHILE DRIVING, WITH NO WARNING. FORD DEALER SERVICE DEPT MGR SAID: "KNOWN PROBLEM WITH FORD EXPEDITIONS AND F150 TRUCKS".*AK

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

The Privacy Act of 1974 (Public Law 93-579) 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.



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

16-SEP-2004

Repository Reference No.
10091143

OWNER INFORMATION (Type or Print)

Name

Address

City VISTA

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 9 / 16 / 04

VEHICLE INFORMATION

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

Make

FORD

Model

EXPEDITION

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number
NORTH COUNTY FORD 7609459900

Engine:

No. Cylinders 8

Fuel Type:

Gas

Original Owner Dealer's City
VISTA

State

CA

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

103000 POWER TRAIN:AUTOMATIC TRANSMISSION

Multiple Failure: 6

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)

20-DEC-2003

Failure Mileage

60000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

The 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

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).

1 ENGINE BLEW-100 DEDUCTIBLE 2 ELECTRICAL LIGHTS WONT GO OFF - 3 ELECTRICAL, RADIO/WINDSHIELD WIPERS INOP-4 TRANSMISSION LEAK-5 TRANSMISSION GOING BAD-6 ALTERNATOR BAD ALL WITHIN A YEAR AND 4 MONTHS, BEEN WALKING MORE THAN RIDING, HAVE NOT ENJOYED TRUCK YET, SCARED TO DRIVE PAST 200 MILES OUT I GOT A REAL LEMON THAT I STILL HAVE TO PAY \$35 FOR, I HATE FORD, WILL NEVER BUY ANOTHER IF IT WAS FREE, GOING TO IRAQ, BUT ILL BE BACK 4 JUSTICE... *JB

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.



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 1368

Date Received
18-NOV-2002
Repository
Reference No.
8022924

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: RANDELS TOWN State: MD Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
Evening Telephone Number:
E-mail Address:

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: 11/18/02

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE PROVIDE: Make: FORD Model: EXPEDITION Model Year: 2000
Date Purchased: Dealer's Name and Telephone Number: Engine: No: Cylinders: Fuel Type:
Original Owner: Dealer's City: State: Zip Code:
Transmission Type: Antilock Brakes Powertrain: Vehicle Component Code: 131000 VISIBILITY:WINDSHIELD
 Cruise Control Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-NOV-2002 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: 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: 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).

CONSUMER STATES THAT WHILE DRIVING AND NO WARNING THERE IS WATER LEAKING FROM THE WINDSHIELD INTO THE INSTRUMENT PANEL CAUSING A DISTRACTION TO THE CONSUMER. DEALER NOTIFIED TS

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.

LM



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: 12-MAY-2003
Repository:
Reference No.: 10018545

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: HILLIARD 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: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1FNPU18L6[Redacted]
Make: FORD Model: EXPEDITION Model Year: 1999
Date Purchased: 16-APR-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: 4 WHEEL DRIVE
Vehicle Component Code: 131000 VISIBILITY: WINDSHIELD
Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 30-APR-2003 Failure Mileage: 65000 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: DOTN1A9ABC036): _____ 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), condition, 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. List parts repaired or replaced (and if old part is available).

I PURCHASED A 1999 FORD EXPEDITION EDDIE BAUER 1 YEAR AGO LAST WEEK. I HAVE HAD NOTHING BUT PROBLEMS WITH THIS VEHICLE. THE LATEST PROBLEM IS THE ONE THAT CONCERNS ME THE MOST. A FEW WEEKS AGO THE DRIVER'S SIDE DOOR LOCK WOULD NOT OPERATE. I COULD HEAR THE MOTOR TRYING TO OPEN THE LOCK BUT NOTHING HAPPENED. A WEEK AFTER THAT I COULD NOT OPEN MY WINDOWS AND THE TURN SIGNALS DID NOT WORK. A WEEK LATER MY WINDSHIELD WIPERS STOPPED WORKING. WE ATTRIBUTED THE PROBLEM TO A BLOWN FUSE WHICH WE REPLACED. THE PROBLEM SEEMED TO BE FIXED. THE NEXT DAY IT RAINED AND THE FUSE BLEW AGAIN, AND AGAIN AND AGAIN. THE PROBLEM GOT WORSE AS THE BRAKE LIGHTS WENT OUT. I BROUGHT THE CAR INTO THE DEALERSHIP WHERE I HAD PURCHASED IT. THEY DISCOVERED A LEAK IN THE WINDSHIELD THAT SEEPED INTO THE FUSE BOX. THE FUSE BOX NEEDED TO BE REPLACED AND IT WAS NOT COVERED UNDER MY WARRANTY (THAT COVERS JUST ABOUT EVERYTHING ELSE. FORD ESP EXTRACARE) THIS IN MY OPINION SHOULD NOT HAVE HAD TO BE PAID FOR OUT OF MY POCKET. IT IS A SAFETY PROBLEM THAT I UNDERSTAND THAT DIDN'T JUST HAPPEN TO ME. MY VEHICLE HAS NOT BEEN IN ANY ACCIDENTS SO I DO NOT UNDERSTAND WHY THE WINDSHIELD IS LEAKING. PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS. *NLM

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.

called



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
(1-888-327-4296)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

05-JAN-2005

Repository Reference No.
10105807**OWNER INFORMATION (Type or Print)**

Name

Address

City MADISON

State TN

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 1/1/05

VEHICLE INFORMATION17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMFU18L6Make
FORDModel
EXPEDITIONModel Year
2000Date Purchased
25-JUN-04

Dealer's Name and Telephone Number

Engine:
No. Cylinders 8Fuel Type:
GasOriginal Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
ALL WHEEL DRIVEVehicle Component Code
131000 VISIBILITY: WINDSHIELD

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
25-DEC-2004Failure Mileage
70000Failure 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: DOTM4L9A8C036)

 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(s), parts repaired or replaced (and if old part is available).

I OWN 2000 FORD EXPEDITION. JUST FOUND OUT THE WINDSHIELD IS LEAKING, CAUSING WATER TO GET INTO FUSE BOX AND GEM MODULE UNDER DASH CAUSING MAJOR ELECTRICAL PROBLEMS. THE 4-WAY FLASHERS CAME ON WHILE DRIVING; THE BLOWER STAYED ON EVEN AFTER REMOVING THE KEY FROM THE IGNITION, ETC. HAD WINDSHIELD REPLACED TODAY AND IT ONLY TOOK 1 MINUTE TO BREAK THE SEAL. THE REPAIR GUY SAID IT SHOULD TAKE AT LEAST 20 MINUTES AND THAT IF WE WOULD HAVE HAD A WRECK THE WINDSHIELD WOULD HAVE FALLEN OUT. I'VE DONE EXTENSIVE RESEARCH ON INTERNET AND FOUND THIS IS A VERY COMMON PROBLEM IN 1997-2001 F150'S, EXPEDITIONS AND NAVIGATORS, BUT ESPECIALLY THE 2000 EXPEDITION. THE SEAL USED BY FORD AROUND THE WINDSHIELD DRY ROT'S CAUSING THE LEAK. SERVICE MAN AT FORD ACKNOWLEDGED THE PROBLEM BUT SAYS NO RECALL HAS BEEN ISSUED. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-579) 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

FOR AGENCY USE ONLY 100148

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

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

Date Received: 09-FEB-2005
Repository:
Reference No.: 10110181

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MONTEVALLO State: AL 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: 1FMRU166X [Redacted]
Make: FORD Model: EXPEDITION Model Year: 2000
Date Purchased: _____ Dealer's Name and Telephone Number: LEACH/VICTORY Engine: _____ Fuel Type: Gas
Original Owner: Dealer's City: MONTEVALLO State: AL Zip Code: 35115
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: _____
Vehicle Component Code: 11000 ELECTRICAL SYSTEM
Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-FEB-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: DOTNALSABC036): _____ 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: 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. List parts repaired or replaced (and if old part is available).

DURING RAIN, WINDSHIELD LEAKS INTO ELECTRICAL SYSTEM CAUSING VEHICLE TO MALFUNCTION. MALFUNCTIONS INCLUDE, WINDSHIELD WIPER FAILURE, ELECTRIC WINDOW FAILURE AND RADIO FAILURE. THE ELECTRICAL SYSTEM ALSO REMAINS ON WHEN THE KEY IS OUT OF THE IGNITION CAUSING THE BATTERY TO DRAIN. I HAVE GONE TO MY CAR WITH MY KEYS IN MY HAND AND THE INSTRUMENT PANEL SHOW THAT I AM RUNNING 100 MPH AND 6,000 RPM. THE BLOWER FOR THE A/C ALSO CONTINUES TO RUN AFTER THE VEHICLE IS TURNED OFF. WHEN THE VEHICLE IS RUNNING, IT TENDS TO "FIX ITSELF" IN PARK AND NEUTRAL, BUT WHEN SHIFTED INTO REVERSE OR DRIVE THE ELECTRICAL SYSTEM CONTINUES TO MALFUNCTION. *JB

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.

 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 13-JAN-2005	Repository <input type="checkbox"/> Reference No. 10106281
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address	
City WEST MILFORD	State WV	Zip Code	
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 1FMPU18L5		Make FORD	Model EXPEDITION
Date Purchased 09-MAR-04		Dealer's Name and Telephone Number MILFORD STREET USED CARS	
Engine: No. Cylinders 8		Fuel Type: Gas	
Original Owner <input type="checkbox"/>	Dealer's City CLARKSBURG	State WV	Zip Code 26301
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 114200 ELECTRICAL SYSTEM; WIRING: INTERIOR/UNDER DASH
Multiple Failure: 1			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 09-MAR-2004	Failure Mileage 11,7000	Failure Speed 70	
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: DOTM15ABC036)	<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 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).			
I BOUGHT A 99 EXPEDITION USED IN MARCH 2004, FROM THE LOCAL FORD DEALER IN CLARKSBURG, WV. FROM THE 2ND DAY I HAD IT HOME IT HAS HAD ELECTRICAL PROBLEMS IN THE RAIN. THE REAR WIPER WOULD STOP IMMEDIATELY AND THE FRONT WIPERS WOULD NOT COME BACK ON IF THE CAR WAS IN DRIVE AFTER YOU HAD TURNED THEM OFF. DURING THE FIRST INCIDENT I STOPPED TO GET GAS AND WHEN I GOT IN TO LEAVE THE PUMPS MY HEADLIGHTS WOULD NOT COME BACK ON. I DROVE THE TWO BLOCKS TO MY HOUSE BY THE STREET LIGHTS. I KNOW FROM THE INTERNET I'M NOT THE ONLY PERSON TO HAVE THIS WATER LEAK IN UNDER THE DASH OF A FORD EXPEDITION OF F-150. IT IS A MIRACLE IF NO ONE HAS WRECK IN A SUDDEN DOWN POUR. *NM*			
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.			