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 1367

Date Received	Repository ☐
2003 SEP 12 PM 1 44	
14-AUG-2003	Reference No. 10033891

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City HARRISON TOWNSHIP / State MI / Zip Code [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 a[redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 8/25/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number-Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMYU03123KD89496	FORD	ESCAPE	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
5-23-03	Ron O'Brien Ford (586)774-7600	6	Reg.
Original Owner: ☒	Dealer's City: 9 Mile Shores / State: MI / Zip Code: 48080		

Transmission Type	☒ Antilock Brakes	Powertrain	Vehicle Component Code
Automatic	☒ Cruise Control		033210 SERVICE BRAKES, HYDRAULIC:POWER ASSIST:HYDRAULIC:
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
	3		

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: DOTHAL9ABC036)	☐ 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), Cost(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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" GROANING NOISE FROM THE BRAKES", WHEN VEHICLE IS AT A COMPLETE STOP BUT IDLING. THERE IS ALSO A BURNING SMELL COMING FROM THE AIR VENTS. UPON INSPECTION OF THE VEHICLE BY THE DEALERSHIP THE PUMP AND HOSE WAS RUPTURED. THE DEALERSHIP INDICATED THAT THIS COULD BE CAUSED BY THE POWER STEERING FLUID BEING CONTAMINATED.*AK

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).