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

2004 MAR -3 PM 2:43

FOR AGENCY USE ONLY 100184	
Date Received 30-JAN-2004	Repository ☐
	Reference No. 10057197

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City MCKEAN	State PA	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 [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMCU 94114 [redacted]	FORD	ESCAPE	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
09/08/03	COURTESY FORD (814)942-3000			No. Cylinders	Reg. Unleaded gas
Original Owner ☒	Dealer's City	State	Zip Code	6 cylinder	

Transmission Type		Powertrain	Vehicle Component Code
4 Speed Automatic o/d	☑ Antilock Brakes ☑ Cruise Control	4 Wheel Drive	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-JAN-2004	7100	25	Transmission Failure

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R16)
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).

CONSUMER NOTICED THAT VEHICLE WAS USING EXCESSIVE FUEL, AND WAS NOT SHIFTING INTO GEAR PROPERLY. AT ONE TIME VEHICLE WOULD NOT GO INTO REVERSE. DEALER EXAMINED VEHICLE, AND DETERMINED THAT TRANSMISSION WAS DEFECTIVE. THE MANUFACTURER REPLACED THE TRANSMISSION. *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).