



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 14-FEB-2005  
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**OWNER INFORMATION (Type or Print)**

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Address [REDACTED] Evening Telephone Number [REDACTED]  
City WEST SAINT PAUL State MN 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

VIN 1FMYU93174K [REDACTED] Make FORD Model ESCAPE Model Year 2004

Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number \_\_\_\_\_ Engine: No. Cylinders 6 Fuel Type: \_\_\_\_\_  
Original Owner  Dealer's City \_\_\_\_\_ State MN Zip Code 55118

Transmission Type  Antilock Brakes Powertrain Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH  
 Cruise Control Multiple Failures: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 01-JAN-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: DOTM48A9C038)  Original Equipment Failure Location: \_\_\_\_\_  
 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**

(Use one number to report 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).

CONSUMER CONTACTED FORD REGARDING RECALL NUMBER 04V602000/LATCH/LOCKS/DOORS. HOWEVER, THE CONSUMER STATED THAT HE HAD THE VEHICLE (IDENTIFICATION NUMBER RAN BY THE DEALER, AND VEHICLE WAS INCLUDED; BUT DID NOT RECEIVE A LETTER. DEALER CONTACTED FORD, AND WAS TOLD NOT TO PERFORM THE RECALL ON THE VEHICLE. \*AK

3/21/05 (ATTACHED)

ASKED DEALER TO LOOK AT REAR HATCH PER RECALL  
CHECK BAND AID PUT ON - LATCH MECHANISM  
NOT REPAIRED AS PER RECALL

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.