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
22-JUN-2005	
	Reference No. 10126198

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City ARLINGTON / State VA / Zip Cod [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	Make	Model	Model Year
1FMYU93193K[redacted]	FORD	ESCAPE	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-JUN-93	JERRY'S FORD			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City ~~ANNANDELLE~~ Annandale	State VA	Zip Code 22003		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL
			Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
27-FEB-2005	22792	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: DOTMAL9ABC036)	☐ 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	1	0	Y

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 RECEIVED A RECALL NOTICE AND HE BROUGHT IT IN TO THE DEALER TO HAVE THE REPAIR WORK DONE AROUND JANUARY 27, 2005. THE REPAIR WORK DONE ON THE CAR WAS THE ACCELERATOR CABLE WHICH WAS REPLACED. ON JANUARY 30, 2005 HE STOPPED AT A RESTAURANT WITH HIS FOOT ON THE BRAKE AND THE CAR JUST TOOK OFF GOING 20-25 MPH. HE AIMED FOR A SNOW BANK AND THE CAR FINALLY STOPPED. THE NEXT MORNING HE WAS GOING TO TAKE IT TO THE DEALER, AND HE WAS SLOWING DOWN FOR THE RED LIGHT AND THE CAR TOOK OFF THROUGH THE RED LIGHT. HE HAD TWO PEOPLE LOOK AT IT, AND THEY COULDN'T FIND ANYTHING WRONG WITH VEHICLE. THE HEAD OF THE SERVICE DEPARTMENT DROVE THE CAR, AND SAID HE FIXED IT. ON FEBRUARY 26TH, 2005 HE WAS DRIVING FROM GA. TO VA GOING 55-60 MPH MERGING AND HE TOOK HIS FOOT OFF OF THE GAS PEDAL AND CAR LUNGED AND HIT SOME GRAVEL AND SPUN INTO THE RAVINE. *AK

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

VIRGINIA UNIFORM SUMMONS

DEPARTMENT OF STATE POLICE

CASE NO. 0502411

HEARING DATE AND TIME: MAR 24 20 5:26

☐ PROSECUTING ATTORNEY (NAME) Andrews (R)

☐ DEFENDANT'S ATTORNEY (NAME)
☐ NO ATTORNEY
☐ ATTORNEY WAIVED

THE ACCUSED WAS THIS DAY
☐ TRIED IN ABSENCE
☑ PRESENT

THE ACCUSED PLEADED
☑ NOT GUILTY
☐ NOLO CONTENDERE
☐ GUILTY ☐ PREPAYMENT

AND WAS TRIED AND FOUND BY ME
☐ FINDING SUFFICIENT DEFERRED §
☐ NOT GUILTY
☐ GUILTY AS CHARGED
☐ GUILTY OF

IN ADDITION I FIND THE ACCUSED WAS:
☐ DRIVING A COMMERCIAL M.V.
☐ CARRYING HAZARDOUS MAT.
☐ A CDL HOLDER

AND THE OFFENSE:
☐ RESULTED IN A FATALITY
☐ WAS IN A HWY. SAFETY COR

☑ I ORDER THE CHARGE DISMISSED

☐ I ORDER A NOLLE PROSEQUI ON COMMONWEALTH'S MOTION

YOU ARE SUMMONED TO APPEAR IN THE (CITY OF / COUNTY OF) DINWIDDIE

☒ GENERAL DISTRICT COURT (TRAFFIC)
☐ GENERAL DISTRICT COURT (CRIMINAL)
☐ JUVENILE & DOMESTIC RELATIONS DISTRICT COURT

P.O. BOX 280
DINWIDDIE, VA 23841
ADDRESS

ON MAR 24, 20 05 AT 9:00 ☒ A.M. ☐ P.M.

FOR VIOLATION OF ☒ STATE ☐ COUNTY ☐ CITY ☐ TOWN

LAW SECTION 46.2-853 DESCRIBE CHARGE: RECKLESS DRIVING - FAIL TO MAINTAIN CONTROL (ACCIDENT)

VCC:

COMMERCIAL MOTOR VEHICLE	☐ YES	☑ NO
HAZARDOUS MATERIALS	☐ YES	☑ NO
RESULTED IN FATALITY	☐ YES	☑ NO
HIGHWAY SAFETY CORRIDOR	☐ YES	☑ NO

I PROMISE TO APPEAR AT THE TIME AND PLACE SHOWN ABOVE. SIGNING THIS SUMMONS IS NOT AN ADMISSION OF GUILT. I CERTIFY THAT MY CURRENT MAILING ADDRESS IS AS SHOWN BELOW

X _____
SIGNATURE

YOU MUST APPEAR AT TRIAL (JUVENILES MUST APPEAR WITH PARENT/ LEGAL GUARDIAN).

☐ YOU MAY AVOID COMING TO COURT ONLY IF THIS BLOCK IS CHECKED AND ALL INSTRUCTIONS ON DEFENDANT'S COPY ARE FOLLOWED.

ONLY CALL 804-469-4533 IF MORE HELP IS NEEDED.

MAILING ADDRESS: ☐ SAME AS ABOVE AT RIGHT ☒ CHANGE FROM D.L. — 6804 BULKEY RD, LORTON, VA 22079 (P.O. BOX/STREET, CITY/TOWN, STATE, ZIP)

NAME (LAST, FIRST, MIDDLE): [redacted]

RES. ADDRESS: [redacted] RES. ZIP:

CITY/TOWN: FAYETTEVILLE STATE: GA ZIP: [redacted]

RACE	SEX	D.O.B. MO.	DAY	YR.	HT. FT.	IN.	WGT.	EYES	HAIR
W	M	4	29	47	6	2	260	—	BRN

DL/CDL # (IF CRIMINAL OFFENSE OR NO LICENSE, USE SSN): [redacted] STATE: GA

CDL HOLDER ☐ YES ☒ NO

VEH	YEAR	MAKE	TYPE	LICENSE NO.	YEAR	STATE
	04	FORD	SUV	[redacted]	05	VA

JURISDICTION OF OFFENSE	DATE OF OFFENSE	DAY OF WEEK	TIME
026	2-27-05	SUN	7:00 ☐ A.M. ☐ P.M.

DIRECTION	ACCIDENT YES	ACCIDENT NO	WEATHER	ROUTE NUMBERS/STREET
N	X		CLR	I-85

LOCATION OF OFFENSE: 40.5 MM

ARREST DATE: SAME ARREST LOCATION:

OFFICER: TPR. J Z Fisher CODE/BADGE NO.:

I IMPOSE THE FOLLOWING SENTENCE

☐ FINE ☐ CIVIL PENALTY OF $ _____ WITH $ _____ SUSPENDED.

☐ DRIVER'S LICENSE SUSPENDED EFFECTIVE IN FIFTEEN (15) DAYS IF FINES/COSTS/ FORFEITURE/PENALTY/RESTITUTION NOT PAID IN FIFTEEN (15) DAYS §46.2-396.

☐ JAIL SENTENCE OF _____ WITH _____ SUSPENDED. CONDITIONED UPON BEING OF GOOD BEHAVIOR AND KEEPING THE PEACE.

☐ ON PROBATION FOR _____

☐ DRIVER'S LICENSE SUSPENDED

CONSECUTIVE SUSPENSION DUE TO § 46.2-301 ☐ YES ☐ NO

☐ RESTITUTION OF _____ PAYABLE TO _____

BY _____ AS CONDITION OF SUSPENDED SENTENCE.

☐ OTHER: _____

5/26/05
DATE

JUDGE

110/201 FINE	$
114/129/237 CIVIL PENALTY	$
460 FIXED TRAFFIC INFRACTION FEE	$
461 FIXED MISDEMEANOR FEE	$
462 FIXED MISDEMEANOR FEE - DRUGS	$

APPEAL BOND $ _____

☐ APPEAL NOTED ON _____

☐ APPEAL WITHDRAWN _____

121 TIA FEE	$
244 C.H. SECURITY FEE	
120/217 CT. APPT. ATTY.	
113 WITNESS FEE	
TOTAL	$
109 INTEREST CHARGE	
TOTAL WITH INTEREST	$

COURT COPY - PG. 1

VUS REV. 7-01-04

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).