



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 10:0148

Date Received

Repository

11-JUL-2005

Reference No.  
10128316

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City CRAWFORDSVILLE State IN Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 authorized signature, please provide your address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 7/25/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FMCU02Z55K [REDACTED]  
Make FORD Model ESCAPE Model Year 2005  
Date Purchased 12-MAY-05 Dealer's Name and Telephone Number BILL ESTES FORD 317-852-2231 Engine: No: Cylinders 4 Fuel Type: Gas  
Original Owner  Dealer's City BROWNSBURG State IN Zip Code 46112  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 220000 SEATS Multiple Failure: 6

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

Incident Date(s) 30-JUN-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: 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).

DT THE DRIVERS SEAT MATERIAL IS SO HARD IT PUTS THE CONSUMER'S LEG TO SLEEP, FEEL LIKE THIS IS A SAFETY ISSUE CANNOT DRIVE THIS VEHICLE VERY FAR WITHOUT HAVING TO STOP AND WALK AROUND THE VEHICLE TO WAKE LEGS BACK UP. THE PASSENGERS SEAT APPEARS THIS WAY ALSO. STARTED NOTICING THIS ABOUT 3 WEEKS AFTER BUYING THE VEHICLE. THIS HAPPENS WHEN I'M IN IT FOR ABOUT 45 MIN TO AN HOUR. \*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.