



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 2006 JAN 11 PM 12:02
16-DEC-2005

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City RED CREEK State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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 authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 12/2/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FMYU04115K [REDACTED]
Make FORD Model ESCAPE Model Year 2005
Date Purchased 25-07-JUL-05 Dealer's Name and Telephone Number FERNANDO'S FORD FERNANDEZ Ford Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City WILCOTT WOLCOTT State NY Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE
Vehicle Component Code 073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-AUG-2005 Failure Mileage [REDACTED] Failure Speed 8-15-05 12-17-05 as of now have NOT GOTTEN ESCAPE BACK (1305 miles when left with dealer)
8-30-05
10-25-05

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTMAL9ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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 CONTACT STATED THERE HAS BEEN A SMELL OF FUEL IN THE VEHICLE SINCE PURCHASE. THE DEALERSHIP REPLACED THE CATALYTIC CONVERTER, BUT THIS DID NOT CORRECT THE PROBLEM. THE VEHICLE WAS TAKEN BACK TO THE DEALERSHIP, AND THEY WERE UNABLE TO DIAGNOSE THE PROBLEM. THE MANUFACTURER WAS SUPPOSE TO SEND A FIELD TECHNICIAN TO INSPECT THE VEHICLE. THE FUMES CAUSED THE CONTACT'S NOSE TO BURN AND MAKE IT IMPOSSIBLE TO DRIVE. *AK

Plus, NAUSEOUS.

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 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.