



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

4 PM 2:53  
16-DEC-2005

Reference No.  
10145458

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: RIDGELY State: MD Zip Code: [REDACTED]

Daytime Telephone Number

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 your name or address to the vehicle manufacturer:  
Signature of Driver: [REDACTED] Date: 12/1/05

**VEHICLE INFORMATION**

77 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [REDACTED]  
Make: FORD Model: ESCAPE Model Year: 2005  
Date Purchased: 24-SEP-05 Dealer's Name and Telephone Number: PRESTON FORD 410-673-7174 Engine: No. Cylinders: 6 Fuel Type: Gas  
Original Owner:  Dealer's City: PRESTON State: MD Zip Code: 21855  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 021000 SUSPENSION:FRONT Multiple Failure: 1

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

Incident Date(s): 24-SEP-2005 Failure Mileage: 500 Failure Speed: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

The Make: [REDACTED] The Model (Name or Number): [REDACTED] The Size (Example P215/85R15): [REDACTED]  
DOT No. (Example: DOT1ALBABC036): [REDACTED]  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 WHILE DRIVING VEHICLE PULLED TO THE LEFT. IT FELT AS IF THE CONTACT CONSTANTLY WAS MAKING A LEFT HAND TURN. THIS PROBLEM WAS INTERMITTENT. THE VEHICLE WAS INSPECTED BY THE SERVICE DEALER THREE TIMES, AND THE ALIGNMENT WAS WITHIN THE MANUFACTURER'S SPECIFICATIONS. THE SERVICE DEALER COMPLETED DIAGNOSTIC TESTING AND TEST DROVE THE VEHICLE. HOWEVER, THE DEALER STATED THEY WERE INABLE TO DUPLICATE THE PROBLEM. HE CONTACTED THE MANUFACTURER. THEY SAID THEIR ENGINEERS WERE AWARE THERE WAS A PROBLEM, AND WERE WORKING TO FIND A SOLUTION. NO REPAIRS HAVE BEEN MADE.  
\*AK

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

When driving vehicle there are a lot of times the vehicle pulls to the left so I don't know when applying the gas. When you get off of the gas and just driving down the highway it doesn't pull but when it comes to and off of the highway when it is pulling down the right lane the vehicle to were straight to the left

I also feel strongly that this could cause an accident to take the vehicle back to the shop 3 times and had them a greasing check on them 3 times by kept it 4 days they said they could not duplicate the problem. I took it to the shop of the shop they said it was a timing belt. I went back and got the timing belt replaced. I was with me and he saw the problem. He is Assistant Vice Manager

ATTACH ADDITIONAL SHEET IF NECESSARY

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Official Business  
Penalty for Private Use \$300

EASTON MD 218

22 DEC 2005 PM 1 L



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES  
HOLIDAYS

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

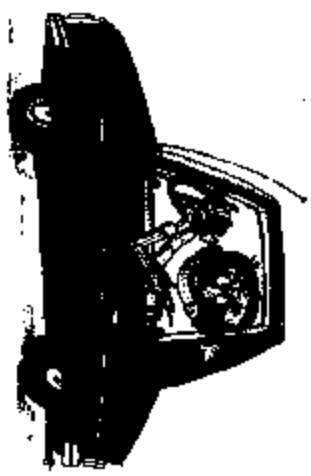
**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
[www.nhtsa.dot.gov/ hotline](http://www.nhtsa.dot.gov/ hotline)