



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 2006 MAY -2 AM 8:
13-APR-2006Reference No.
10155329

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ROYAL OAK State MI 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMYU041 [REDACTED] Make FORD Model ESCAPE Model Year 2005
Date Purchased 30-JUL-05 Dealer's Name and Telephone Number DEAN SELLERS Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City TROY State MI Zip Code 48004
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 180000 VEHICLE SPEED CONTROL
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-APR-2006 Failure Mileage 32812 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 CONTACT STATED WHILE BACKING THE VEHICLE OUT OF A PARKING SPACE, THE ENGINE FULLY ACCELERATED. THE VEHICLE WAS OUT OF CONTROL, HOWEVER THE BRAKES WERE APPLIED AND THE MOTOR TURNED OFF. THIS STOPPED THE VEHICLE WITHOUT INCIDENT. THIS HAS HAPPENED ON 2 OCCASIONS. THE VEHICLE WAS TAKEN TO THE DEALER HOWEVER THE PROBLEM COULD NOT BE DUPLICATED. THE MANUFACTURER WAS ALERTED.

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 responses 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)

I have been driving safely since 1962. Been Stopped by a police officer once in that entire time. I'm very careful and obey all traffic laws. That said, those back to back problems occurred very unexpected. My left foot is "always" on the floor. I am not a "two foot" driver. The vehicle was moving in reverse at a "idle". My right foot was lightly on the brake pedal as I backed up. I was watching each mirror when all of a sudden the SUV just accelerated as if was floored. Thank God I turned off the key to stop the engine. Very scary!!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
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400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20580



**Think your vehicle
has a safety defect?**

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National Highway Traffic Safety Administration
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