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 JUL -7 AM 11 11-MAY-2006	☐
	Reference No. 10157238

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City WAKE FOREST **State** NC **Zip Code** [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ ~~NO~~
In the absence of [redacted] *ide your name or address to the vehicle manufacturer.*
Signature of Own [redacted] Date 6/28/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMCU03181K[redacted]	FORD	ESCAPE	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01 SEP-02	WAKEFIELD FORD			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City WAKE FOREST	State NC	Zip Code 27587		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	061000 ENGINE AND ENGINE COOLING:ENGINE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-APR-2006	74000		

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			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 THE VEHICLE WAS PARKED IN THE GARAGE FOR TWO DAYS WHEN IT SUDDENLY ERUPTED IN FLAMES DURING THE MIDDLE OF THE NIGHT. THE FIRE DEPARTMENT WAS CONTACTED AND CONCLUDED THE FIRE ORIGINATED IN THE ENGINE COMPARTMENT. THE DEALER WAS ALERTED, BUT DID NOT INSPECT THE VEHICLE. THERE WAS EXTENSIVE SMOKE DAMAGE TO THE HOME AND NO ONE SUSTAINED INJURIES. THE ONLY PROBLEM PRESENT WITH THE VEHICLE PRIOR TO THE INCIDENT WAS THE CRUISE CONTROL BUTTON WAS BROKEN AND THE CRUISE CONTROL WOULD NOT ENGAGE. THE CRUISE STOPPED WORKING TWO YEARS AGO.

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