



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236

www.safercar.gov

FOR AGENCY USE ONLY

Date Received

08-14-06

Repository

Reference No.

10165825

OWNER INFORMATION (Type or Print)

Name

Daytime

Street No.

Apt. No.

Evening Telephone Number

City

State

Zip Code

E-mail

APPLE VALLEY

CA

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of authorization, NHTSA will not disseminate this report to the manufacturer of your vehicle, except only during a defect investigation or when you make a complaint about recall performance.

Signature of Owner

Date 8/16/06

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side

Make

Model

Year

Current Mileage

1FMYU03125K

FORD

ESCAPE XLT
SPORT

2005

15000

Date Purchased

2-07-05

Dealer's Name and Telephone Number

GOSH FORD

Engine:

Fuel Type:

Original Owner

Dealer's City

Hemet, CA

State

CA

Zip Code

92545

No. Cylinders 6

Diesel Hybrid

Gas Other

Transmission Type

Manual

Automatic

Antilock Brakes

Cruise Control

Powertrain

All-Wheel Drive

Front-Wheel Drive

Rear-Wheel Drive

Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name

Incident Date(s)

Failure Mileage

Failure Speed

Failure Location

RAWS Mission

JUNE 26-06

1,800

70 MPH

Driver Passenger

Front Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand

Tire Model/Line

Tire Name

Tire Size (Example: P215/65R1105)

Failed Structure

Tread Sidewall Bead

DOT No. (Example: DOT MAL9ABC036 on sidewall)

Original Equipment

Prior Repair

Failure Type:

Blowout Blister Crack Torn Tread Separation Road Hazard Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make

Date Manufactured

Model Number and Name

Seat Type

Infant Booster Integrated Convertible Other

Installed in Vehicle using the:

Vehicle safety belt

LATCH system*

*Vehicle info required

Failed Part. Describe Failure Below

Base Harness/Buckle LATCH Connector Shell Handle Other

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

Police Report No.

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

LOST the TRANSMISSION

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882