



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

27-SEP-2006

Repository

Reference No.
10169383

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ASTORIA State NY Zip Code 11105

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Signature of Owner _____ Date 9/27/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1FMYU941 [REDACTED]
Make FORD Model ESCAPE Model Year 2005
Date Purchased 02-JUN-04 Dealer's Name and Telephone Number COUNTRY FORD Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner [X] Dealer's City LEVITTOWN State NY Zip Code [REDACTED]
Transmission Type AUTOMATIC [X] Antilock Brakes [X] Cruise Control Powertrain [REDACTED] Vehicle Component Code 060000 ENGINE AND ENGINE COOLING Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-SEP-2006 Failure Mileage 22000 Failure Speed [REDACTED]

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: DOTM19ABC036) [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 VARIOUS SPEEDS, THE VEHICLE STALLED WITHOUT WARNING ON SEVERAL OCCASIONS. IT WAS MANEUVERED OFF THE ROAD AND LATER STARTED. THE VEHICLE WAS DRIVEN TO THE DEALER, THE FIRST FEW TIMES THE STALLING OCCURRED, HOWEVER THE LAST TIME IT WAS TOWED TO THE DEALER. THE DEALERSHIP COULD NOT DUPLICATE THE PROBLEM.

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.