



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
30-APR-2007

Repository
Reference No.
10189240

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LAJUNTA State CO Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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] provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 5/2/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMYU931 [REDACTED] Make FORD Model ESCAPE Model Year 2004
Date Purchased 08-DEC-05 Dealer's Name and Telephone Number SATURN OF PUEBLO Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City PUEBLO State CO Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain ALL WHEEL DRIVE
Vehicle Component Code 036100 SERVICE BRAKES, HYDRAULIC:ANTILOCK:CONTROL UNIT/M
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-APR-2007 Failure Mileage 0 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: DOTM9ABC036) 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 0 Number of Deaths 0 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).

TL* THE CONTACT OWNS A 2004 FORD ESCAPE. THE CONTACT RECEIVED RECALL # 07V156000 CONCERNING SERVICE BRAKES, HYDRAULIC: ANTILOCK:CONTROL UNIT/MODULE, BUT WAS UNACKNOWLEDGED BY THE DEALER. ALSO, THE CONTACT STATED THAT THE DEALER WAS UNAWARE OF THE RECALL IN A TIMELY MANNER, AND FEARED THAT THE VEHICLE MAY CATCH ON FIRE. THE VEHICLE WAS NOT BEING DRIVEN, AND THE CONTACT HAD AN APPOINTMENT ON MAY 2, 2007 TO GET THE RECALL REPAIRED. THE CURRENT MILEAGE IS 32,000 AND THE FAILURE MILEAGE WAS UNKNOWN. *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.