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: 2007 SEP -5 PM 1:00 — 13-JUL-2007

Repository ☐

Reference No. 10196290

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City BLOOMINGTON	**State** IN	**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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 7/30/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMYU02183[redacted] AND 1FMYU04162K[redacted]	FORD	ESCAPE	2003 AND 2002

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
13-SEP-02	Sharp Ford 2002 Royal Chevrolet		No: Cylinders 6	Gas
Original Owner ☒	**Dealer's City** Indianapolis 2002 Blgtn.	**State** IN	**Zip Code**	

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: FRONT WHEEL DRIVE	183000 VEHICLE SPEED CONTROL:CABLES Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
13-JUL-2007	40000	20

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	0	0	Y

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 2003 FORD ESCAPE. THE CONTACT STATED THAT THE VEHICLE IMPROPERLY ACCELERATED WHILE DRIVING 20 MPH. A CRASH OCCURRED. THE VEHICLE ALSO FAILED TO ACCELERATE WHEN DRIVING UPHILL. THE CONTACT HAD THIS FAILURE REPAIRED LAST YEAR, BUT IT HAS SINCE RECURRED. A POLICE REPORT WAS FILED. THE CURRENT AND FAILURE MILEAGES WERE 40,000.

Recall work was done - accident 18 months after. Trying to stop behind other traffic at a stop light my 2003 Ford Escape accelerated + hit the car in front of me. Minor damage, but serious problem.

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

Ford will not pay for recall work a second time - only once. My mechanic would not guaranty work if he put a new cable on because FORD has not improved the part.

OFFICER FIELD REPORT

ACCIDENT #_____

LOCATION

DATE OF CRASH Month	Date	Year	Day of Week	Actual Local Time	# Vehicles	# Injured	# Dead
07	13	07	Fri	1320 ☐ AM ☒ PM	2	—	—

County Where Crash Occurred	Township	City/Town or Nearest City/Town
MUNROE	BLGTN.	BLGTN.

Did crash occur inside city limits? ☒ Yes ☐ No

Distance & Direction from City Limits _____ miles ☐ N ☐ NE ☐ NW ☐ S ☐ SE ☐ SW ☐ E ☐ W

Property ☐ Private (incl. parking lots) ☐ State Parks, Rec. Areas, Forests ☒ State Highways

Road Crash Occurred On: W. 3RD ST.

Check One ☒ Intersection ☐ Not at Intersection

Complete this line for at intersection. Intersecting Road/Mile Marker/Interchange: S.R. 37

Complete this line for not at intersection. Distance & Direction from Nearest Road _____ feet ☐ N ☐ NE ☐ NW ☐ S ☐ SE ☐ SW ☐ E ☐ W Nearest intersecting Road, etc.

DRIVER 1

Driver's Name (Last, First, MI) Please Print [redacted] Phone ( ) [redacted]

Address (Street, City, State, Zip) [redacted]

Sex	Date of Birth Month	Date	Year	License Type	License State
F	[redacted]		[redacted]	OP	IN

Driver's License Number [redacted] Restrictions: A

Owner's Name (please print): Same Phone ( )

Owner's Address

Veh. Yr.	Make	Model Name	Lic. Yr.	Lic. Plate #	Lic. St.
03	FOR	ESCAPE	07	[redacted]	IN

Direction of Travel	#Occupants	Speed Limit	Color
E	1		RED

Towed To: — Towed By: —

Insurance Company or Agent: AGGRESSIVE

Address

DRIVER 2

Driver's Name (Last, First, MI) Please Print [redacted] Phone ( )

Address (Street, City, State, Zip) [redacted]

Sex	Date of Birth Month	Date	Year	License Type	License State
M	[redacted]		[redacted]	OP	IN

Driver's License Number 41000-[redacted] Restrictions: A5

Owner's Name (please print): Same Phone ( )

Owner's Address

Veh. Yr.	Make	Model Name	Lic. Yr.	Lic. Plate #	Lic. St.
02	TOY	CAMRY	07	[redacted]	IN

Direction of Travel	#Occupants	Speed Limit	Color
E	1		SIL

Towed To: — Towed By: —

Insurance Company or Agent: CALLAWAY

Address

* DO NOT SEND THIS FORM TO INDIANA STATE POLICE.
YOU MUST SEND THE INDIANA OPERATOR'S CRASH REPORT.

Description/Witnesses/Injuries/Miscellaneous Info

DRIVER

Driver's Name (Last, First, MI) Please Print Phone ( )

Address (Street, City, State, Zip)

Sex	Date of Birth Month	Date	Year	License Type	License State

Driver's License Number Restrictions

Address

Officer Dept.

BLOOMINGTON ASSOCIATION OF INDEPENDENT INSURANCE AGENTS

BLOOMINGTON INSURANCE • 332-1808 • 459 S. Landmark Ave.
THE GREDY INSURANCE AGENCY • 323-8922 • 1920 Liberty Drive
HYLANT GROUP • 332-4484 • 1801 Liberty Drive
FIRST INSURANCE GROUP, INC. • 331-3230 • 1405 N. College Ave.

YOUR Independent Insurance AGENT

GATES INSURANCE, INC. • 336-0231 • 532 S. College Ave.
ISU/THE MAY AGENCY • 334-2400 • 1327 N. Walnut St.
KRITZER INSURANCE AGENCY • 245-7005 • 1721 W. 3rd.