



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 DEC 12 AM 9:24
06-NOV-2007

Repository ☐

Reference No.
10208033

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DEFIANCE State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]
E-mail Address [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 owner's signature, please print the name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 11/18/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMYU03163KA [REDACTED] Make FORD Model ESCAPE Model Year 2003

Date Purchased 08-NOV-02 Dealer's Name and Telephone Number MARK MOATS FORD 419-784-5444 Engine: No. Cylinders 6 Fuel Type: Gas

Original Owner ☒ Dealer's City DEFIANCE State OH Zip Code 43512

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-NOV-2007 Failure Mileage 62900 Failure Speed 20 IAC VALVE

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) ☐ 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 2003 FORD ESCAPE. WHILE DRIVING 20 MPH, THE BRAKE PEDAL WAS APPLIED. THE ENGINE BEGAN TO REV AND THE RPM RACED TO ITS MAXIMUM POTENTIAL. THE CONTACT TURNED OFF THE ENGINE IN ORDER TO STOP THE VEHICLE. THERE WERE NO WARNING INDICATORS PRESENT. THE VEHICLE WAS NOT INSPECTED BY A DEALER. THE CURRENT AND FAILURE MILEAGES WERE 62,900.

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.