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

2007 DEC 12 AM 9:24

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
06-NOV-2007	Reference No. 10208033

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: DEFIANCE	State: OH	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 [redacted] ame 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	Make	Model	Model Year
1FMYU03163KA[redacted]	FORD	ESCAPE	2003

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
08-NOV-02	MARK MOATS FORD 419-784-5444	No: Cylinders 6	Gas
Original Owner ☒	Dealer's City: DEFIANCE	State: OH	Zip Code: 43512

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

FAILED COMPONENT(S)/PART(S) INFORMATION

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

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	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