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**

2008 JAN 29 AM 7:30

FOR AGENCY USE ONLY 100148

| Date Received | Repository ☐ |
|---|---|
| 03-JAN-2008 | Reference No. 10213601 |

## OWNER INFORMATION (Type or Print)

| Name | [redacted] | | |
|---|---|---|---|
| Address | [redacted] | Daytime Telephone Number [redacted] | E-mail Address |
| City JACKSON | State TN | Zip Code [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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 1/9/08

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1FMYU031X1K[redacted] | FORD | ESCAPE | 2001 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| | Gene Langley Ford INC 1-731-784-9311 | | | No: Cylinders 6 | Gas |
| Original Owner ☒ | Dealer's City HUMBOLT | State TN, | Zip Code | | |

| Transmission Type | | | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes<br>☒ Cruise Control | Powertrain FRONT WHEEL DRIVE | 035000 SERVICE BRAKES, HYDRAULIC:FLUID<br>Multiple Failure: 2 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 02-JAN-2008 | 40000 | 0 | MASTER CYLINDER CAP |

## 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 2001 FORD ESCAPE. THE CONTACT STATED THAT BRAKE FLUID LEAKED AROUND THE MASTER CYLINDER, WHICH CAUSED THE BRAKE LIGHTS TO ILLUMINATE. THE MANUFACTURER SENT A MEMO TO VEHICLE OWNERS STATING TO PURCHASE A REPLACEMENT CAP. THE CURRENT MILEAGE WAS 78,190 AND FAILURE MILEAGE WAS 40,000. THE VEHICLE PURCHASE DATE WAS UNAVAILABLE. (MEMO WAS SENT TO Ford Dealers)

(Bought New CAP FOR SIXTEEN DOLLARS PLUS TAX AND IT ALSO LEAKS) TOTAL 17.61

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXAMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).