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 MAY -6 AM 7:36

FOR AGENCY USE ONLY 100148

Date Received	Repository
02-APR-2008	☐
Reference No. 10223145	

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
City FREELAND	State MD	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 auth[redacted]ur name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 04/14/08

INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMYU03163K	FORD	ESCAPE	2003

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
01-JAN-06	D.L. PETERSON PHH TRUST 410-771-2531		No: Cylinders 6	Gas
Original Owner ☐	Dealer's City SPARKS	State MD / Zip Code 21152		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	103100 POWER TRAIN:AUTOMATIC TRANSMISSION:CONTROL MOD Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
23-JUN-2007	80000	0

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 ATTEMPTING TO ACCELERATE, THE VEHICLE COMPLETELY SHUT OFF AND HAD TO BE RESTARTED. THE VEHICLE DID NOT RESTART IMMEDIATELY. THE VEHICLE WAS DIAGNOSED AS HAVING IDLE AIR CONTROL VALVE FAILURE. THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 04V165000 (POWER TRAIN:AUTOMATIC TRANSMISSION:CONTROL MODULE (TCM, PCM)). THE CURRENT MILEAGE WAS 101,000 AND FAILURE MILEAGE WAS 80,000.

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