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 JUN -9 AM 7:38

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
12-MAY-2008	Reference No. 10227463

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City BASTROP	State TX	Zip Code	

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 _____ Date 5/20/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMYU03151K VIN # [illegible]	Ford	ESCape	2001

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Dec. 2000	~~FORD MOTORS~~ Wayne Ackers	6	Reg.

Original Owner ☑	Dealer's City	State	Zip Code
	WEST PALM BEACH	FL FL	

Transmission Type		Powertrain	Vehicle Component Code
automatic	☑ Antilock Brakes ☑ Cruise Control		010000 STEERING They never Sent us a Recall
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION Bought the Ford Dec. 2000

Incident Date(s)	Failure Mileage	Failure Speed	
29-APR-2008	45000	50	Ford or Wayne Ackers never Sent us a recall. found out the recall was Aug. 2000

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	1	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 2001 FORD ESCAPE. WHILE DRIVING APPROXIMATELY 50 MPH AND ATTEMPTING TO CHANGE LANES, THE VEHICLE VEERED FROM RIGHT TO LEFT. THE CONTACT ATTEMPTED TO MOVE THE STEERING WHEEL RIGHT AND LEFT, BUT THE WHEEL KEPT MOVING IN THE OPPOSITE DIRECTION. THE CONTACT COULD NOT GAIN CONTROL OF THE STEERING WHEEL AND STRUCK A CONCRETE WALL ON THE FRONT PASSENGER CORNER OF THE VEHICLE. THE VEHICLE WAS DECLARED DESTROYED BY THE INSURANCE COMPANY. THE CONTACT SUSTAINED INJURIES AND WAS TRANSPORTED TO A LOCAL HOSPITAL. A POLICE REPORT WAS FILED. THERE IS A RECALL ON THIS YEAR, MAKE, AND MODEL VEHICLE, BUT THE CONTACT IS NOT SURE IF THE VEHICLE WAS INCLUDED. THE RECALL NUMBER WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 45,000.

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

☐ LAW ENFORCEMENT SHORT FORM REPORT

☐ DRIVER REPORT OF TRAFFIC CRASH

☒ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
04/29/2008	09:08 ☒ AM ☐ PM	9:13 ☒ AM ☐ PM	9:20 ☒ AM ☐ PM		

COUNTY / CITY CODE	FEET or MILE(S)	N S E W of		COUNTY
06 / 62		☐ ☐ ☐ ☐	Lake Worth	☒ Palm Beach

AT NODE NO. or	FEET or	MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY
					6	2	INTERSTATE 95 (SR 9)

AT INTERSECTION OF or	FEET	MILE(S)	N S E W	FROM INTERSECTION OF
		.25	☐ ☒ ☐ ☐	STATE ROAD 882 (FOREST HILL BLVD)

Vehicle

YEAR	MAKE(chev, ford, etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
01	FORD			FL		1FMYU03151K

☒ Check Areas of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. AMOUNT OF DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other
	X	X	X						$5,000	BABBSCO TOWING	01

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): PRO. & CASUALTY OF HARTFORD — POLICY NO.:

Pedestrian

OWNER'S FULL NAME (Check if Same as Driver ☒) — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

☐ DRIVER (Exactly as on Driver's License) / PEDESTRIAN — ADDRESS (Number and Street): PALM SPRINGS FL — CITY AND STATE — ZIP CODE

DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH
	FL	5					

NUMBER OF PASSENGERS | PASSENGER'S NAME | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Vehicle

YEAR	MAKE(chev, ford, etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER

☐ Check Areas of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. AMOUNT OF DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) — POLICY NO.

Pedestrian

OWNER'S FULL NAME (Check if Same as Driver ☐) — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

☐ DRIVER (Exactly as on Driver's License) / PEDESTRIAN — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH

NUMBER OF PASSENGERS | PASSENGER'S NAME | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Vehicle

YEAR	MAKE(chev, ford, etc)	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER

☐ Check Areas of Vehicle Damage	Front	R / Front	L / Front	R / Side	L / Side	Rear	R / Rear	L / Rear	EST. AMOUNT OF DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) — POLICY NO.

Pedestrian

OWNER'S FULL NAME (Check if Same as Driver ☐) — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

☐ DRIVER (Exactly as on Driver's License) / PEDESTRIAN — ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH

NUMBER OF PASSENGERS | PASSENGER'S NAME | ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Violator(s)

	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT OF DAMAGE	OWNER'S NAME	CURRENT ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE

RANK AND SIGNATURE OF RESPONDING / INVESTIGATING OFFICER	I.D. / BADGE NO.	DEPARTMENT	FHP	SO	PD	OTHER
TPR. JAMES A. KUDLA	2578/	FHP	☒	☐	☐	☐