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	Repository
JUN 01 2010 01-FEB-2010	☐
Reference No. 10303628	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City NORTH RIDGEFIELD **State** OH **Zip Code** [redacted]		

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMYU04141K[redacted]	FORD	ESCAPE	2001

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
4-21-01	ED MULLINAX FORD 440-984-4431		No: Cylinders 6	GAS
Original Owner ☒	Dealer's City AMHERST	State OH Zip Code 44001		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☒ Antilock Brakes ☒ Cruise Control	4 Wheel DR		28-JAN-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ~~180000 VEHICLE SPEED CONTROL~~	Failure Mileage	Failure Speed
ANTI-LOCK BRAKE SYSTEM- WE HAD REPAIRED (SEE ATTACHED)	120000	

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		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 WHICH WAS PURCHASED IN 2001. WHILE THE VEHICLE WAS PARKED IN HIS DRIVEWAY HE WAS NOTIFIED THAT IT WAS ON FIRE. UPON FURTHER INVESTIGATION, HE SAW BLACK SMOKE UNDER THE DASHBOARD. THE FIRE DEPARTMENT WAS ABLE TO EXTINGUISH THE FIRE; HOWEVER, THEY WERE UNABLE TO DETERMINE THE CAUSE OF THE FIRE. THE VEHICLE WAS DESTROYED. THE FAILURE AND CURRENT MILEAGES WERE 120,000.

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 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.

A FDID * 47023 | State * OH | Incident Date * MM 01 DD 28 YYYY 2010 | Station 1 | Incident Number * 10-0000198 | Exposure * 000 | ☐ Delete ☐ Change ☐ No Activity | NFIRS -1 Basic

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost [redacted] | Prefix ____ | Street or Highway [redacted] | Street Type [redacted] | Suffix ____

Apt./Suite/Room ____ | City North Ridgeville | State OH | Zip Code [redacted] - ____

Cross street or directions, as applicable

C Incident Type *

131 | Passenger vehicle fire

Incident Type

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID ____ | Their State ____

Their Incident Number ____

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	01	28	2010	22:43:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	01	28	2010	22:48:00
CONTROLLED Optional, Except for wildland fires				
☒ Controlled	01	28	2010	23:09:00
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	01	28	2010	23:16:00

E2 Shift & Alarms

Local Option

A | 01 | 1

Shift or Platoon | Alarms | District

E3 Special Studies

Local Option

Special Study ID# ____ | Special Study Value ____

F Actions Taken *

11 | Extinguishment by fire
Primary Action Taken (1)

12 | Salvage & overhaul
Additional Action Taken (2)

86 | Investigate
Additional Action Taken (3)

G1 Resources *

☐ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0003	0009
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

			None
Property $	006	000	☐
Contents $	000	000	☐

PRE-INCIDENT VALUE: Optional

Property $	000	000	☐
Contents $	000	000	☐

Completed Modules

☒ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1* Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use* Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☒ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board end care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		NFIRS -2 Fire
47023	OH	01 / 28 / 2010	1	10-0000198	000	☐ Delete ☐ Change ☐ No Activity	

B Property Details

B1 0001 ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 ____ ☒ Buildings not involved
Number of buildings involved

B3 ____ ☒ None
Acres burned (outside fires) ☐ Less than one acre

C On-Site Materials or Products ☒ None

Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

	On-site material	1 Bulk storage or warehousing	2 Processing or manufacturing	3 Packaged goods for sale	4 Repair or service
(1)	NNN None	☐	☐	☐	☐
(2)		☐	☐	☐	☐
(3)		☐	☐	☐	☐

D Ignition

D1 83 Engine area, running
Area of fire origin *

D2 UU Undetermined
Heat source *

D3 UU Undetermined
Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin

D4 UU Undetermined
Type of material first ignited — Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

☐ Check box if this is an exposure report. Skip to section G

1 ☐ Intentional
2 ☐ Unintentional
3 ☒ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☐ Cause undetermined after investigation

E2 Factors Contributing To Ignition ☒ None

NN None — Factor Contributing To Ignition (1)

____ ____ — Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 ☐ Asleep ☒ None
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person envolved ____

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

____ ____ — Equipment Involved

Brand ____

Model ____

Serial # ____

Year ____

F2 Equipment Power

____ ____ — Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. ☐ None

____ ____ — Fire suppression factor (1)

____ ____ — Fire suppression factor (2)

____ ____ — Fire suppression factor (3)

H1 Mobile Property Involved

☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☒ Involved in ignition and burned

H2 Mobile Property Type & Make

11 Automobile, passenger
Mobile property type

FO Ford
Mobile property make

ESCAPE — Moblie property model

2001 — Year

[redacted] — License Plate Number

OH — State

1FMYV04141K[redacted] — VIN Number

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other Agencies

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

1 Person/Entity Involved

Local Option

Business name (if applicable) | Area Code | Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

State | Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

2 Owner

☐ Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable) | Area Code | Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. | First Name | MI | Last Name | Suffix

Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City: North Ridgeville

State: OH | Zip Code

Remarks

Local Option

REPORT OF CAR FIRE NEXT TO HOUSE FULL INVOLVED. U/A VEHICLE ON FIRE, WE PULLED 1 1/2" LINE AND EXTINGUISHED. NO FLAME DAMAGE TO HOUSE. USED 450 GALLONS TO PUT OUT. APPEARS FIRE STARTED IN ENGINE COMPARTMENT. SMOKE AND MINOR FLAME DAMAGE INSIDE VEHICLE. OWNER STATED THAT SHE HAD COME HOME W/CAR AT ABOUT 1500 HOURS THIS EVENING AND THAT CAR WAS NOT MOVED SINCE THEN. CONTACTED AC BEMENT. HE WILL INVESTIGATE IN THE AM.

Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
LJA-979	Allen, Lee J	CPP		01	28	2010

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☒	LJA-979	Allen, Lee J	CPP		01	28	2010

CUSTOMER #: 3279927

113860

INVOICE

PAGE 1

Nick Abraham
ELYRIA Ford
FORD CARS AND TRUCKS
1115 E. Broad St. ELYRIA, OHIO 44035
(440) 366-FORD (3673)
FAX: (440) 322-0609
www.elyriaford.com

[redacted]
N. RIDGEVILLE, OH [redacted]
HOME: [redacted] CONT:N/A
BUS: CELL:

SERVICE ADVISOR: 7143 BRIAN CALES

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	01	FORD ESCAPE	1FMYU04141K[redacted]		125932/125932	T613

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN01 DD			18:00 07JUL09		82.00	CASH	07JUL09

R.O. OPENED	READY	OPTIONS:
11:29 07JUL09	11:44 07JUL09	DLR:44J433 ENG:3.0_Liter_SEFI-DOHC

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	ABS MODULE CONNECTOR INSPECTION AND REPAIR - L						

CAUSE: PERFORM RECALL
07S51A ABS MODULE CONNECTOR INSPECTION AND REPAIR - L
8902 W (N/C)
FC: PART#: COUNT:
CLAIM TYPE: 08S15
AUTH CODE:
8902
****

Customer

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

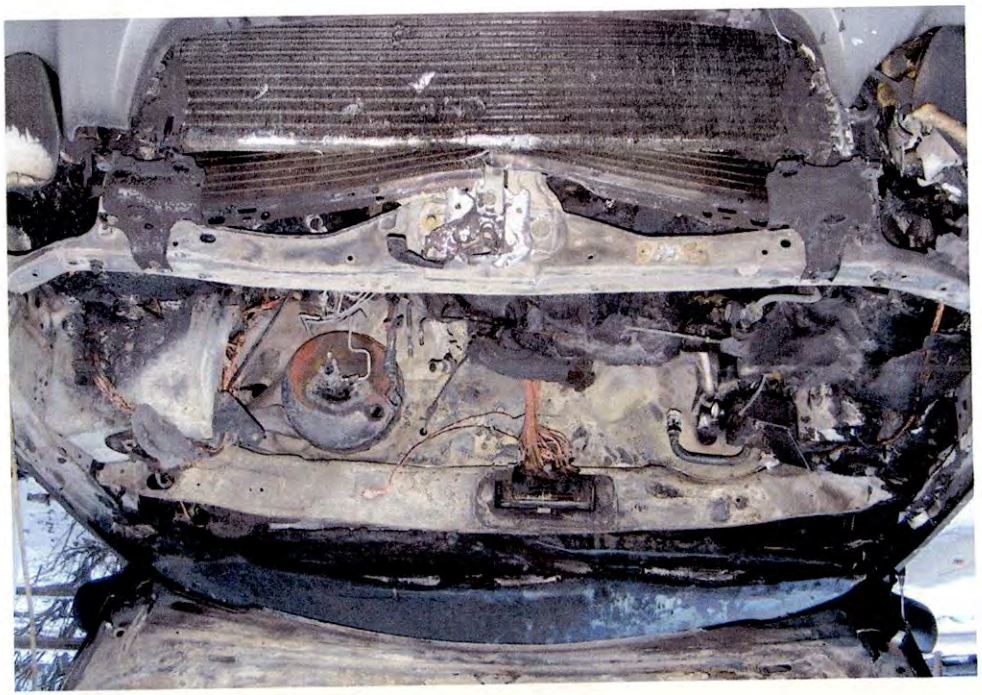
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

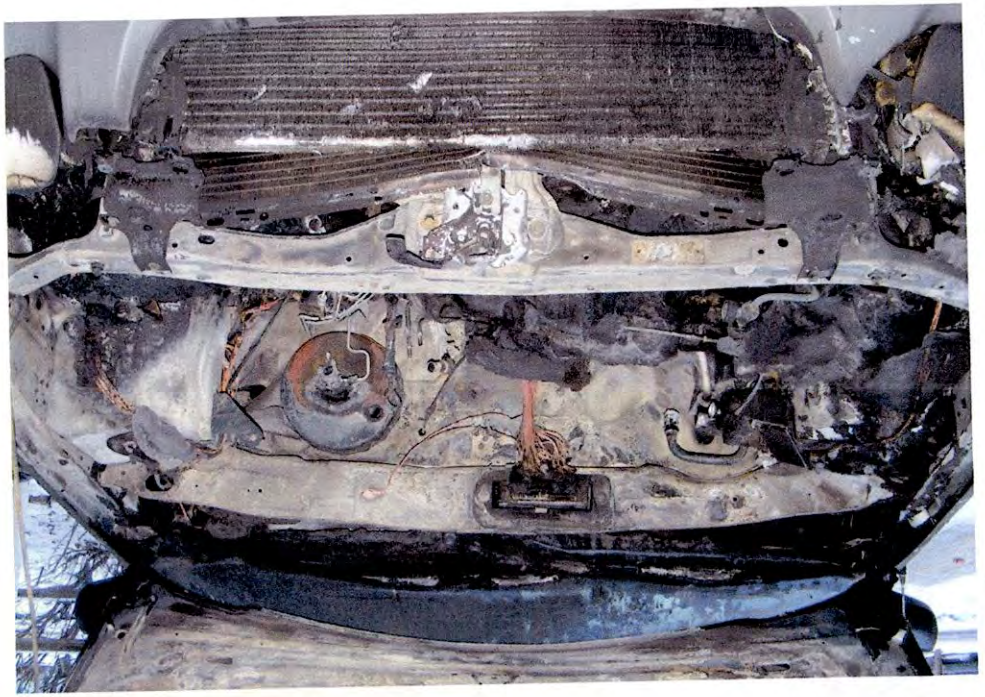
DISCLAIMER OF WARRANTIES

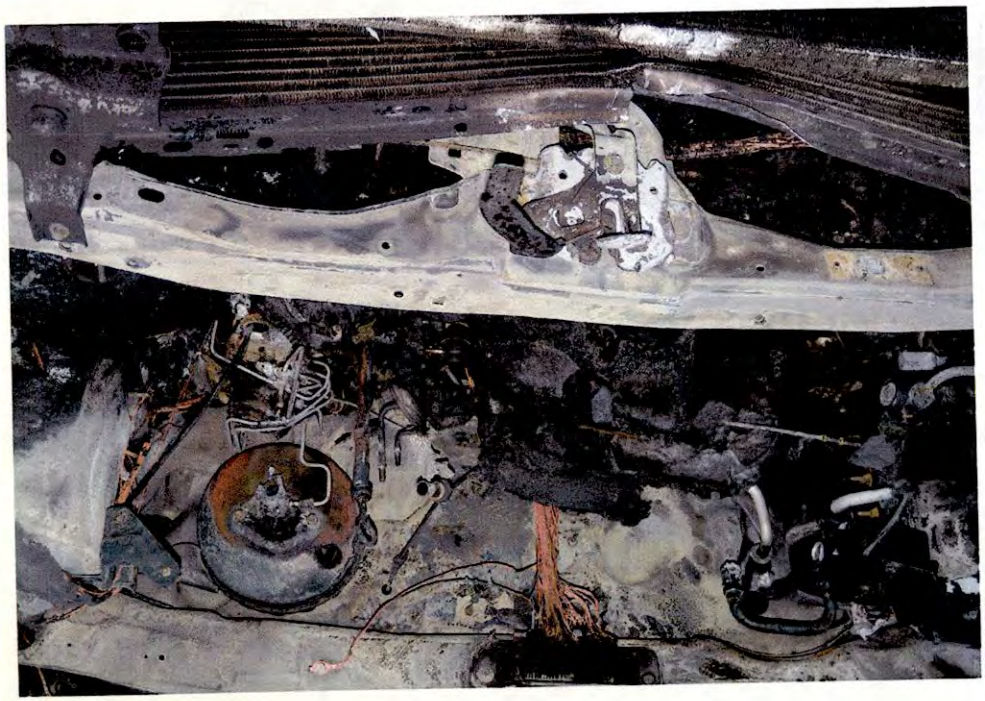
Any warranties on the products sold herein are those made by the manufacturer of those products. Seller hereby expressly disclaims all warranties of merchantability or fitness for a particular purpose (regarding any products or services provided, unless otherwise indicated on the service repair order). This dealership neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products or services. This disclaimer by the dealership in no way affects the terms or performances of the manufacturer's warranty.

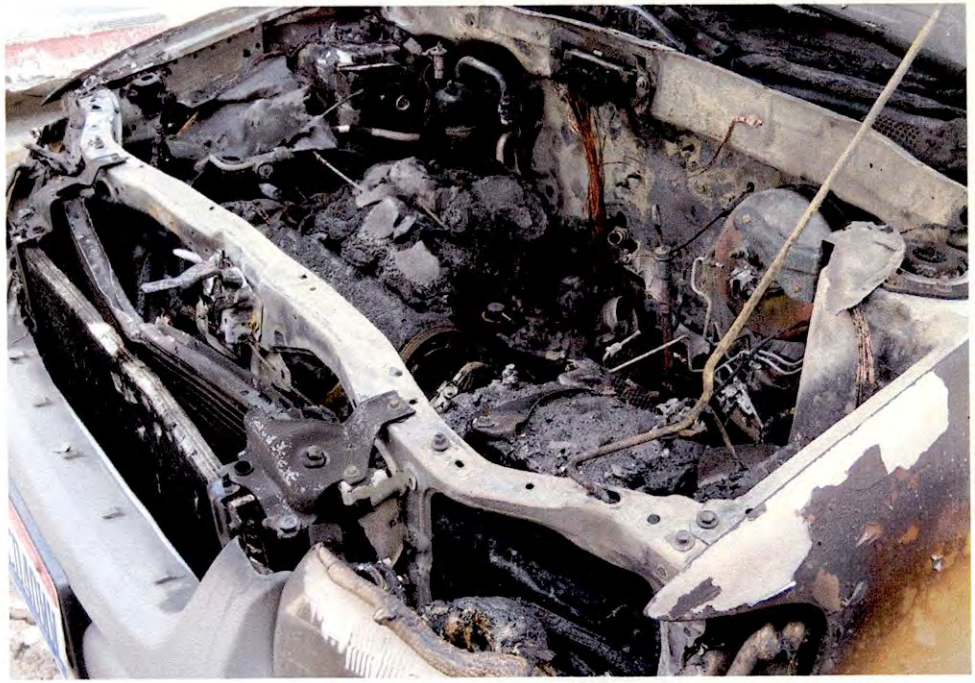
CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00





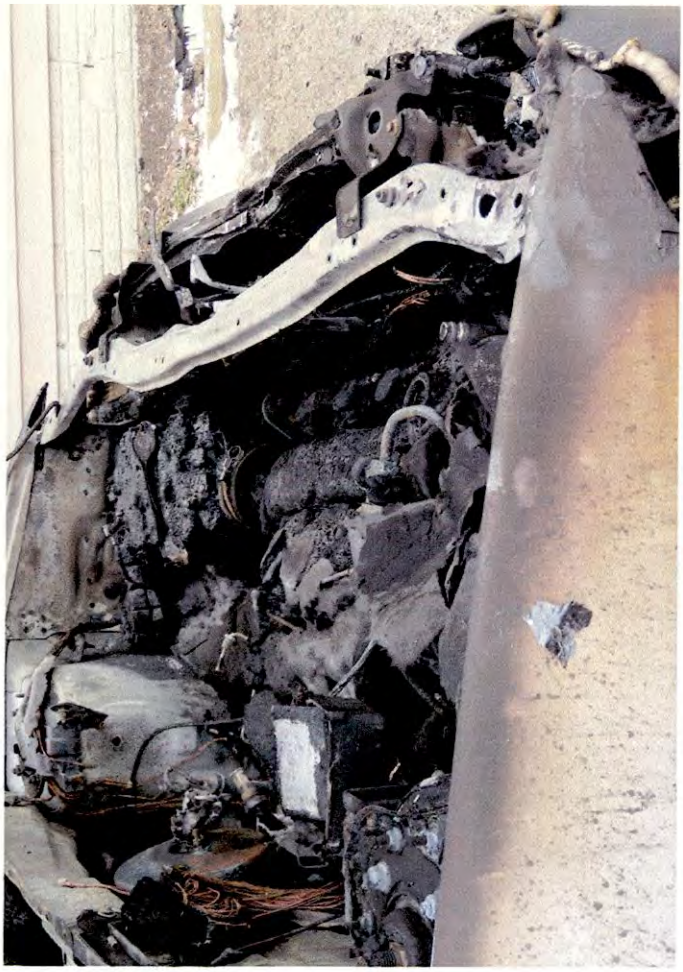


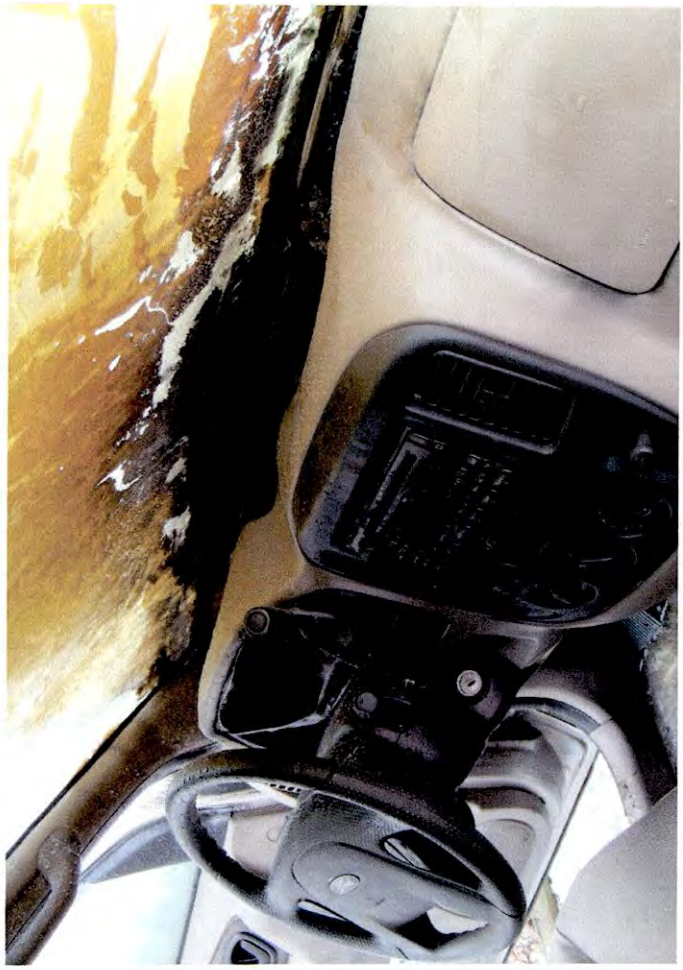



GEOLAN


Chronicle


YOKOHAMA





[redacted]

U.S. Department of
TRANSPORTATION
NATIONAL Highway TRAFFIC
Safety ADMINISTRATION
OFFICE of Defects INVESTIGATION
NVS-210
1200 New Jersey AVE, S.E
WASHINGTON, DC 20077-9382