

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)



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
JUN 03 2010
24-MAR-2010

Repository
Reference No.
10321828

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NICEVILLE State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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: 1FMCU93124 [REDACTED]
Make: FORD Model: ESCAPE Model Year: 2004
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: [REDACTED]
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Transmission Type: [REDACTED] Antilock Brakes Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 23-MAR-2010
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL Failure Mileage: 77000 (handwritten: 72607) Failure Speed: 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM9ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] Reported to Police: 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 2004 FORD ESCAPE. THE CONTACT STATED THAT WHILE DRIVING AT UNKNOWN SPEEDS AND REMOVING HIS FOOT FROM THE ACCELERATOR PEDAL, THE VEHICLE SUDDENLY ACCELERATED. HE WAS ABLE TO BRING THE VEHICLE TO A STOP WITHOUT INCIDENT. IN ADDITION, THE CONTACT STATED THAT THE ENGINE WOULD EXHIBIT UNUSUAL INCREASES IN RPMS OF UP TO 4500 WHILE IN ANY GEAR. THE VEHICLE WAS PREVIOUSLY REPAIRED UNDER NHTSA CAMPAIGN ID NUMBER 04V574000: VEHICLE SPEED CONTROL: CABLES, HOWEVER THE DEALER STATED THAT THE FAILURE WAS CONTRIBUTED TO THE IDLE AIR CONTROL VALVE MALFUNCTIONING. HE PROCEEDED TO EXPLAIN THE IDLE AIR CONTROL VALVE WAS NOT CLOSING CORRECTLY, THEREFORE CAUSING THE VEHICLE TO ACCELERATE WITHOUT DEPRESSING THE ACCELERATOR PEDAL. THE FAILURE MILEAGE WAS 77,000 AND THE CURRENT MILEAGE WAS 77000.

Handwritten: 72607 with an arrow pointing to the failure mileage field.

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 to 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.

CUSTOMER #: 8508972038

142348



HUB CITY FORD, Inc.

4060 S. Ferdon (P.O. Box 1118)
Crestview, FL 32536
(850) 682-272
(850) 244-6631 Ft. Walton
(850) 683-1658 Fax
MV 11420

INVOICE

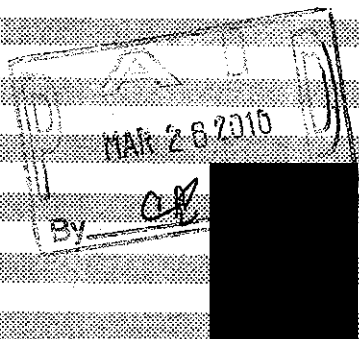
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SERVICE ADVISOR: 2787 RICHARD ROBERTS

NICEVILLE, FL
HOME:
BUS:
CONT:N/A
CELL:

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN/OUT, TAG. Includes details for 04 FORD ESCAPE, VIN 1FMCU93124K, and service dates 01JAN07 DD and 25MAR10.

Table with columns: LINE, OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL. Lists repair items like 'PERFORM MULTI POINT INSPECTION' and 'REPLACED IAC VALVE' with associated costs.



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...

STATEMENT OF DISCLAIMER
The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied...

Summary table with columns: DESCRIPTION, TOTALS. Totals include LABOR AMOUNT (180.32), PARTS AMOUNT (158.41), and TOTAL CHARGES (364.36).