 <p>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</p>			FOR AGENCY USE ONLY 100148 Date Received 18-FEB-2011 MAY 02 2011 Repository <input type="checkbox"/> Reference No. 10383272		
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
PALM BEACH GARDENS		FL			
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
			FORD	ESCAPE	2004
Date Purchased		Dealer's Name and Telephone Number		Engine:	Fuel Type:
				No: Cylinders	
Original Owner		Dealer's City		State	Zip Code
<input type="checkbox"/>					
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain		Multiple Failure:	Incident Date(s)
	<input type="checkbox"/> Cruise Control				11-FEB-2011
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 183000 VEHICLE SPEED CONTROL: CABLES				Failure Mileage	Failure Speed
				60000	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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
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	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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 2004 FORD ESCAPE. THE CONTACT WAS DRIVING INTO A PARKING SPACE WHEN THE BRAKES WERE APPLIED AND THE VEHICLE SURGED FORWARD CAUSING A CRASH. THE CONTACT WAS UNABLE TO STOP THE VEHICLE UNTIL IT CRASHED INTO A BARRIER. THE VEHICLE WAS TOWED TO A REPAIR SHOP. THE MECHANIC STATED THAT THEY COULD NOT CONFIRM IF THE CRASH WAS CAUSED BY THE ACCELERATOR CABLE. THE VEHICLE WAS REPAIRED FOR NHTSA CAMPAIGN 04V574000, VEHICLE SPEED CONTROL CABLES ON 2/7/2005; HOWEVER, IT HAS NOW FAILED. THE VIN WAS UNKNOWN. THE FAILURE AND CURRENT MILEAGE WAS 60,000.					
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 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.					



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ



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of Transportation
**National Highway
Traffic Safety
Administration**

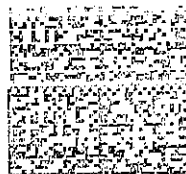
1200 New Jersey Avenue SE.
Washington, DC 20590

Official Business
Penalty for Private Use \$300

*NWS 200
WY8-276*

IA Return

FIRST CLASS



Hasler

04/07/2011 14:20:04

\$00.440

04/07/2011

Mailed From: 20590
US POSTAGE

[Faint, mostly illegible text and markings]

NIXIE 334 DC 1 00 04/23/11

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

BC: 20590 *2517-04498-07-44

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