

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR AGENCY USE ONLY 100148	
		Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		Date Received AUG 19 2013 30-JUL-2013	
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address					
City	State	Zip Code	Evening Telephone Number		
PASCO	WA				
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 1FMCU9D71BKE			Make FORD	Model ESCAPE	Model Year 2011
Date Purchased MAX-2011	Dealer's Name and Telephone Number LEGACY FORD 509-544-8000			Engine: No: Cylinders 4	Fuel Type: GAS
Original Owner ☒	Dealer's City PASCO	State WA	Zip Code 99301		
Transmission Type	☒ Antilock Brakes	Powertrain	Multiple Failure: T	Incident Date(s) 30-JUN-2013	
	☐ Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 100000 POWER TRAIN				Failure Mileage 23179	Failure Speed 60
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)		☐ 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 ☐ Yes ☒ No	Fire ☒ Yes ☐ No	Number of Persons Injured 0	Number of Deaths 0	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 2011 FORD ESCAPE. THE CONTACT STATED THAT WHILE BEING TOWED BY A RECREATIONAL VEHICLE, SMOKE EMITTED FROM THE VEHICLE AND THERE WAS A VISIBLE TRANSMISSION LEAK. THE VEHICLE WAS TOWED TO A DEALER WHERE IT WAS FOUND THAT THE TRANSMISSION HAD SEIZED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS CONTACTED ABOUT THE FAILURE. THE FAILURE MILEAGE WAS 23,179.					
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.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

2011 ALL WHEEL DRIVE IS MADE TO TOW BEHIND
OUR MOTOR HOME. TRANSMISSION ~~WAS~~ SEIZED UP
& WAS SMOKING & VERY HOT.

DO ATTACH ADDITIONAL SHEETS IF NECESSARY.

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



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NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY MAIL

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WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

