Form Approved O.M.B. No. 2127-0008

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: NOV 30 2013
11-SEP-2013

Repository ☐

Reference No. 10543050

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City HARWOOD | State MD | Zip Code [redacted]

Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address [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
1FMYU95H95K[redacted]	FORD	ESCAPE HYBRID	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10-SEP-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)	Failure Mileage	Failure Speed
	140000	25

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	0	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 2005 FORD ESCAPE HYBRID. THE CONTACT STATED WHILE DRIVING APPROXIMATELY 25 MPH, THE VEHICLE LOST POWER AND STALLED. THE CONTACT ALSO MENTIONED THAT A RED TRIANGLE ILLUMINATED WITH A MESSAGE TO STOP SAFETY. THE VEHICLE WAS TAKEN TO THE DEALER AND THE MECHANIC DIAGNOSED THAT THE SERVICE HARNESS NEEDED TO BE INSTALLED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 140,000.

VEHICLE COMPUTER SHUT DOWN ENGINE WITHOUT WARNING, WHILE MOVING, LEAVING MY 16-YEAR-OLD DAUGHTER BEHIND THE WHEEL WITHOUT POWER ASSISTED BRAKES OR POWER STEERING
(SEE DOCUMENTATION MAILED 9-26-13)

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