JUL - 6 2015

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
03-FEB-2015	Reference No. 10680968

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City VAN BUREN	State ME	Zip Code [redacted]	Evening Telephone Number

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
1FMCU03104D[redacted]	FORD	ESCAPE	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
1/23/04	WISCASSET Ford			No: Cylinders 6	Gas
Original Owner ☑	Dealer's City WISCASSET, ME	State ME	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
auto	☑ Antilock Brakes ☑ Cruise Control	Powertrain 4 Wheel drive		12-JAN-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	120000	75

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 2004 FORD ESCAPE. THE CONTACT STATED THAT AFTER SETTING THE CRUISE CONTROL AT 75 MPH, THE VEHICLE STARTED TO ACCELERATE INDEPENDENTLY. THE CONTACT WAS UNABLE TO DEACTIVATE THE CRUISE CONTROL AND STOP THE VEHICLE. THE CONTACT APPLIED THE ACCELERATOR PEDAL SEVERAL TIMES IN ORDER FOR THE VEHICLE TO STOP ACCELERATING. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE PLASTIC PIECE COVERING THE THROTTLE BODY FRACTURED. THE VEHICLE WAS REPAIRED UNDER NHTSA CAMPAIGN NUMBER: 12V353000 (VEHICLE SPEED CONTROL) BUT THE RECALL REMEDY FAILED TO REPAIR THE VEHICLE. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 120,000.

Dealer has replaced the faild part !!! no problems since, but will not use Cruise in cold weather ---

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