

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

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>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>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Date Received</p> <p>26-FEB-2015</p>	<p>Repository ☐</p> <p>Reference No. 10690905</p>		
<p>OWNER INFORMATION (Type or Print)</p>				<p>Daytime Telephone Number</p> <p>[REDACTED]</p>	<p>E-mail Address</p> <p>[REDACTED]</p>
<p>Name</p> <p>[REDACTED]</p>		<p>Address</p> <p>[REDACTED]</p>		<p>Evening Telephone Number</p> <p>same</p>	
<p>City</p> <p>CHARLOTTE</p>	<p>State</p> <p>NC</p>	<p>Zip Code</p> <p>[REDACTED]</p>			
<p>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).</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>1FMYU04122K [REDACTED]</p>		<p>Make</p> <p>FORD</p>	<p>Model</p> <p>ESCAPE</p>	<p>Model Year</p> <p>2002</p>	
<p>Date Purchased</p> <p>10/2004</p>	<p>Dealer's Name and Telephone Number</p> <p>Town & Country Ford (704) 536-5600</p>		<p>Engine:</p> <p>No: Cylinders</p> <p>6</p>	<p>Fuel Type:</p> <p>Gas</p>	
<p>Original Owner</p> <p>☐</p>	<p>Dealer's City</p> <p>Charlotte</p>	<p>State</p> <p>NC</p>	<p>Zip Code</p> <p>28212</p>		
<p>Transmission Type</p> <p>☒ Antilock Brakes</p> <p>☒ Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure:</p> <p>ABS Brakes</p>		<p>Incident Date(s)</p> <p>20-FEB-2015</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: BRAKES (PWS)</p>				<p>Failure Mileage</p> <p>209000</p>	<p>Failure Speed</p> <p>0</p>
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>	<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>		
<p>DOT No. (Example: DOTM19ABC036)</p>	<p>☐ Original Equipment</p> <p>☐ Prior Repair</p>	<p>Failure Location:</p>			
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>	<p>Date Manufactured:</p>		<p>Model No./Name:</p>		
<p>Seat Type:</p>	<p>Installation System:</p>				
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>					
<p>Crash</p> <p>☐ Yes ☒ No</p>	<p>Fire</p> <p>☐ Yes ☒ No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Deaths</p> <p>0</p>	<p>Reported to Police</p> <p>N</p>	
<p>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).</p>					
<p>TL* THE CONTACT OWNS A 2002 FORD ESCAPE. THE VEHICLE WAS REPAIRED UNDER NHTSA CAMPAIGN NUMBER: 12V005000 (SERVICE BRAKES, HYDRAULIC). WHILE THE VEHICLE WAS STOPPED AT A RED LIGHT, THE BRAKE PEDAL WAS DEPRESSED TO THE FLOOR AND THE CONTACT HAD TO USE THE EMERGENCY BRAKE TO STOP THE VEHICLE. THE ABS AND BRAKE WARNING INDICATORS ILLUMINATED. THE VEHICLE WAS TAKEN TO THE DEALER WHO DIAGNOSED THAT THE REAR WHEEL SENSOR SHORT CIRCUITED AND NEEDED TO BE REPAIRED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 209,000.</p> <p>I did not know I needed to contact manufacturer. I contacted the dealership who performed the recall and was advised they was not going to repair it.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p>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.</p>					

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

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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

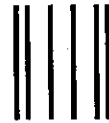
Business
or Private Use \$300

CHARLOTTE

NC 282

26 MAR '15

PM 5 L



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

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**

