

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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



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

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: 09-JUL-2015
OCT 14 2015

Repository

Reference No. 10733032

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: HILLSIDE State: IL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
Evening Telephone Number: [REDACTED]
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: 1FMYU03135K [REDACTED]

Make: FORD Model: ESCAPE Model Year: 2005

Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] No: Cylinders: [REDACTED] Fuel Type: [REDACTED]

Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Transmission Type: [REDACTED] Antilock Brakes Cruise Control Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 05-JUL-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 100000 POWER TRAIN

Failure Mileage: 121000 Failure Speed: 25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]

DOT No. (Example: DOTMAL9ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]

Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]

Seat Type: [REDACTED] Installation System: [REDACTED]

Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 2005 FORD ESCAPE. THE CONTACT STATED WHILE DRIVING 25 MPH, THE VEHICLE EXPERIENCED A COMPLETE LOSS OF POWER WITHOUT WARNING. THE VEHICLE HAD TO BE TOWED TO AN INDEPENDENT MECHANIC, WHO DIAGNOSED THAT THE PCM AND ALL SIX COILS BURNED AND NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE APPROXIMATE FAILURE MILEAGE WAS 121,000.

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 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.

1FMYU03135K [REDACTED]

C & C Electrical Auto Repair



1636 N. Mannheim Rd.
Stone Park, IL 60165

(708) 343-4951 • Fax (708) 343-5331

NAME [REDACTED]
 ADDRESS [REDACTED]
 CITY Hillside IL [REDACTED]
 DATE 7-07-15 CUST. ORDER NO. [REDACTED] WHEN PROMISED [REDACTED] PHONE [REDACTED]

QUAN.	PART NO.	NAME OF PART	SALE AMOUNT	YEAR & MAKE OF CAR - TYPE OR MODEL	SERIAL NO.	MOTOR NO.	LICENSE NO.	MILEAGE	WRITTEN BY
6	<u>Corks</u>		3980	<u>05 Ford Escape</u>		<u>310</u>	[REDACTED]		<u>EF</u>
1	<u>ECM</u>		6000						

DESCRIPTION OF WORK	AMOUNT
<u>Kobal - Corks</u>	<u>190.00</u>
<u>Program & checking out</u>	<u>150.00</u>
	<u>150.00</u>

*Paul
Calk*

ELECTRICAL REPAIR	CHECK BELOW:	LABOR ONLY
SHORTS	LUBRICATE	<u>490.00</u>
WIRING	CHANGE ENGINE OIL	<u>990.00</u>
LBS. GREASE	TRANSMISSION	
WARRANTY PARTS <u>Year</u>	DIFFERENTIAL	
WARRANTY LABOR <u>months</u>		
TOTAL	TOTAL SERVICE	<u>91.57</u>
TOTAL ACCESSORIES	AUTHORIZED BY	TOTAL <u>1571.57</u>

ESTIMATES ARE FOR LABOR ONLY, MATERIAL ADDITIONAL

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO. IT IS UNDERSTOOD THAT THIS COMPANY ASSUMES NO RESPONSIBILITY FOR LOSS OR DAMAGE BY THEFT OR FIRE TO VEHICLES PLACED WITH THEM FOR STORAGE, SALE, REPAIR OR WHILE ROAD TESTING.

PAY THIS AMOUNT

"Any warranties on the products sold hereby are those made by the manufacturer. The seller (above named dealership) hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorize any other person to assume for it any liability in connection with the sale of said products."

TNT TOWING & RECOVERY, JRC.

P.O. Box 115
 Maywood, IL 60153-0115
 (708) 344/6355 • 708/344-6389 - Fax
 ILCC 159042 STV

Check # _____ Cash
 Charge # _____
 P.O. # _____
 R.O. # _____
 MEM. # _____

Date: 7/5/15

Charge To: [Redacted] (C.O.) [Redacted] Owner: _____

Address: [Redacted] City: Hillside Address: _____ City: _____

State: IL Zip: [Redacted] Phone: [Redacted] State: _____ Zip: _____

Year	Make	Model	Color	Body	V.I.N.
05	Ford	Escape	Silver	4 Dr	1FMYU03135K [Redacted]

License	License-Trailer	Unit # Tractor	Unit # Tractor	Mileage of Disabled Vehicle

AUTHORIZED OWNER OR AGENT	CAR	TRUCK	TRAILER	TOTAL TIME	TIME OUT	
LAW ENFORCEMENT AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	
POINT OF ORIGIN <u>Summit & Roosevelt at Villa Park</u>	LOADED	EMPTY		TOWING		<u>90.00</u>
POINT OF DESTINATION <u>1936 N Manhattan Rd Stone Park</u>	<input type="checkbox"/>	<input type="checkbox"/>		RECOVERY		
	EMERGENCY	NON-EMERGENCY		TRAVEL		
	<input type="checkbox"/>	<input type="checkbox"/>		FLAT BED		
				ROADS SERVICE		
				TOLLS		
				ADVANCE CHARGES		
				STORAGE _____ PER DAY		
				TRANSPORTED MILES		
				RATE _____ PER MILE		
				TAX		
				AMOUNT PAID		
DRIVER & UNIT NO. <u>Alan N 3</u>	PRINTED NAME	CUSTOMER RECEIVED BY X <u>[Redacted]</u>		TOTAL		<u>90.00</u>

24-HOUR TOWING

CUSTOMER COPY

Hillside IL

HILL
25 SEP 2015 PM 11



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

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