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 ☐
28-OCT-2016 DEC 22 2016	Reference No 10919760

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City NORTH BROOKFIELD	State MA	Zip Code	

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
1FMCU9C78BK	FORD	ESCAPE	2011

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
9/29/2015	Central Auto Sales 774-745-8800			4	gas
Original Owner ☐	Dealer's City Spencer, MA	State MA	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
automatic	☐ Antilock Brakes ☐ Cruise Control	Powertrain	airbag did not function properly	12-OCT-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	77188	

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
[X] Yes ☐ No	☐ Yes [X] No	1	0	[X] Yes Umass Police @ Memorial 508-334-1000

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 OWNED A 2011 FORD ESCAPE. WHILE STATIONARY, THE VEHICLE SUDDENLY EXPERIENCED UNINTENDED ACCELERATION AND CRASHED INTO A STONE WALL. THE DRIVER SUSTAINED A FRACTURED LEFT ARM, VARIOUS BODY BRUISES, RIGHT AND LEFT LEG INJURIES, AND FACIAL LACERATIONS. THE VEHICLE WAS DESTROYED AND TOWED. A POLICE REPORT WAS NOT FILED. THE CAUSE OF THE FAILURE WAS NOT DETERMINED. THE MANUFACTURER WAS NOTIFIED. THE FAILURE MILEAGE WAS 77,188.

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