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-JUL-2017 OCT 25 2017	Reference No. 11011208

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City HALIFAX	State PA	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
1FMCU9D79BK	FORD	ESCAPE	2011

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
3/2011	McCafferty Ford Kia 7179180384		No: Cylinders 4	gas
Original Owner ☒	Dealer's City Mechanicsburg	State / Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 24-JUL-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 120000	Failure Speed

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			Y

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. THE CONTACT STATED THAT WHILE THE VEHICLE WAS BEING OPERATED ON WET ROAD CONDITIONS, IT HYDROPLANED AND THE CONTACT LOST CONTROL OF THE VEHICLE. AS A RESULT, THE VEHICLE WAS INVOLVED IN A FRONT END COLLISION. THE AIR BAGS DID NOT DEPLOY. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO A SALVAGE YARD WHERE IT WAS DEEMED DESTROYED. THE MANUFACTURER AND THE DEALER WERE NOT NOTIFIED OF THE FAILURE. THERE WERE NO INJURIES, WHICH REQUIRED MEDICAL ATTENTION. THE FAILURE MILEAGE WAS APPROXIMATELY 120,000. THE VIN WAS NOT PROVIDED.

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