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|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>DC Auto Safety Hotline Vehicle Owner's Questionnaire Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 100148</p> | |
| <p>INTERNET</p> | | <p>Date Received 22-MAR-2018 MAY 23 2018</p> | | <p>Repository <input type="checkbox"/> Reference No. 11080846</p> | |
| <p>OWNER INFORMATION</p> | | <p>Name _____ Address _____ City CAPE CORAL State FL Zip Code _____</p> | | <p>Daytime Telephone Number _____ Evening Telephone Number _____ E-mail Address _____</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 1FMCU9DG5CK _____</p> | | <p>Make FORD XLT</p> | | <p>Model ESCAPE Model Year 2012</p> | |
| <p>Date Purchased 12/15/14</p> | | <p>Dealer's Name and Telephone Number OWNER CO & SONS 866-652-3000</p> | | <p>Engine: 3L 4V No. Cylinders 4 OHC V6 Duratec 230HP Fuel Type: FlexFuel</p> | |
| <p>Original Owner <input type="checkbox"/></p> | | <p>Dealer's City Stamford CT State CT Zip Code 06033</p> | | <p>Transmission Type 6 Speed Auto Trans (6F) <input checked="" type="checkbox"/> Antilock Brakes Powertrain <input type="checkbox"/> Cruise Control</p> | |
| | | <p>Multiple Failure: _____</p> | | <p>Incident Date(s) 01-JAN-2018</p> | |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | |
| <p>Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)</p> | | | | <p>Failure Mileage _____ Failure Speed _____</p> | |
| <p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p> | | | | | |
| <p>Tire Make P235/70R-16 OWL</p> | | <p>Tire Model (Name or Number) Michelin</p> | | <p>Tire Size (Example P215/65R15) _____</p> | |
| <p>DOT No. (Example: DOTM19AB-036)</p> | | <p><input type="checkbox"/> Original Equipment <input type="checkbox"/> 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>Failed Part: _____</p> | |
| <p>Child Seat Component Code: _____</p> | | <p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p> | | | |
| <p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>Number of Persons Injured 0</p> | |
| | | | | <p>Number of Deaths 0</p> | |
| | | | | <p>Reported to Police 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 not, what part is available).</p> | | | | | |
| <p>TL* THE CONTACT OWNS A 2012 FORD ESCAPE. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 15V777000 (FUEL SYSTEM, GASOLINE); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE DEALER WAS NOT CONTACTED. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAS NOT EXPERIENCED A FAILURE. PARTS DISTRIBUTION DISCONNECT.</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 Administration and subsequent amendments. You are under no obligation to respond to 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)

I have called Sam Galloway Ford every 2 weeks since I received the notice. They tell me they do not have the part & that Ford doesn't have the part to ship,

Sam Galloway Ford Service Center is located at 1800 Boy Scout Dr. They seem to have trouble scheduling service appointments. Fort Myers, FL 33907
In June 2017 I tried to schedule my car to have the air conditioning fixed. They gave me an appointment in Oct 2017

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE
Washington, D.C. 20077-9382
Official Business
Penalty for Private Use \$300

90 21 2 12:06
2010 12 23 12:06

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

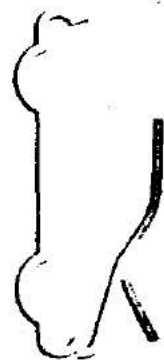
POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

