



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

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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: CLEMENTON State: NJ Zip Code: [REDACTED]  
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]  
Evening Telephone Number: [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: 1FMCU0DG9CK [REDACTED]  
Make: FORD Model: ESCAPE Model Year: 2012  
Date Purchased: 9-9-2011 Dealer's Name and Telephone Number: ECHELON FORD Engine: No: Cylinders: 3.0 V6 Fuel Type: GAS  
Original Owner:  Dealer's City: STRATFORD State: NJ Zip Code: 08084  
Transmission Type: AUTO Antilock Brakes:  Powertrain: Multiple Failure: Incident Date(s): 07-NOV-2019  
Cruise Control:

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 010000 STEERING Failure Mileage: 120000 Failure Speed: 65

**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: DOTM19ABC036):  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:  Yes  No Fire:  Yes  No Number of Persons Injured: Number of Deaths: 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 2012 FORD ESCAPE. WHILE DRIVING 65 MPH, THE STEERING WHEEL BECAME DIFFICULT TO TURN. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE CONTACT WAS ABLE TO PARK ON THE SIDE OF THE ROAD. WHEN THE VEHICLE WAS TURNED OFF AND RESTARTED, THE VEHICLE WAS ABLE TO DRIVE TO ITS DESTINATION. THE CONTACT STATED THAT THE FAILURE OCCURRED ON NOVEMBER 11, 2019. THE VEHICLE WAS TAKEN TO ECHELON FORD (LOCATED AT 4 S WHITE HORSE PIKE, STRATFORD, NJ 08084, (856) 627-8400), BUT WAS NOT DIAGNOSED OR REPAIRED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHO STATED THAT THE STEERING COLUMN NEEDED TO BE REPLACED. THE MANUFACTURER WAS NOTIFIED. THE FAILURE MILEAGE WAS 120,000.

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.