

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<br><br>11-FEB-2021<br><br>JUL 21 2021 | Repository <input type="checkbox"/><br><br>Reference No.<br>11395756 |
| Daytime Telephone Number                            | E-mail Address                                                       |
| Evening Telephone Number                            |                                                                      |

## OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City MONROE State MI Zip Code [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<br>1FMYU04122 [REDACTED] |                                                                                     | Make<br>FORD              | Model<br>ESCAPE                 | Model Year<br>2002              |
| Date Purchased<br>2/10/20                                                                                        | Dealer's Name and Telephone Number<br>[REDACTED]                                    |                           | Engine: 2.0L<br>No: Cylinders 4 | Fuel Type:<br>gasoline          |
| Original Owner<br><input type="checkbox"/>                                                                       | Dealer's City<br>Monroe                                                             | State<br>MI               | Zip Code<br>48162               |                                 |
| Transmission Type<br>4-ATC 010                                                                                   | <input type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control | Powertrain<br>4-cyl 4-ATC | Multiple Failure:<br>N/A        | Incident Date(s)<br>23-JAN-2021 |

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

|                                                                                                                          |                           |                    |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|
| Vehicle Component Codes: 030000 BRAKES (PWS), 060000 ENGINE (PWS), 110000 ELECTRICAL SYSTEM<br>Several components failed | Failure Mileage<br>195002 | Failure Speed<br>0 |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|

## 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) | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Deaths<br>0 | Reported to Police<br>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 2002 FORD ESCAPE. THE CONTACT STATED THE VEHICLE FAILED TO START. THE BRAKE WARNING LIGHT WAS ILLUMINATED. THE CONTACT NOTICED THAT THERE WAS WATER IN THE FUSE BOX. THE CONTACT CALLED FRIENDLY FORD (2800 N TELEGRAPH RD, MONROE, MI 48162, (734) 243-6000) HOWEVER, THE VEHICLE WAS NOT DIAGNOSED NOR REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 195,002.

FD Mon Oct 2004 Appear of water, Transmission Oil, and Fuel Mixture  
State by common error, that is not a safety defect.  
DANAGED CLAR Hand.

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 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.

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

Random loss of components, constant electrical issues (once present, fuse box replaced, highly covered by technician, starting, forward and components). This would be a salvage title due to repair is costly, as current enough is replaced, resulting in clear title.

Ghost hunting } Et experiences? Incidents?  
Poltergeists encounter experience

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Traffic Safety  
Administration

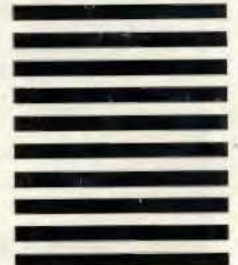
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-0382

Official Business  
Penalty for Private Use \$300

PM 41



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

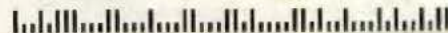
FIRST CLASS MAIL

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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



**Think your vehicle  
has a safety defect?**



**If so:  
Use the enclosed  
form to file a report.**

**or visit:  
[www.safercar.gov](http://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

