Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 12-OCT-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 753138

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FMYU02B61KB73335	FORD TRUCK	ESCAPE	2001	

Purchase Dat			
01-SEP-2001 ☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L ____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
08310000 07300000	ELECTRICAL SYSTEM:WIRING:HARNESS:FRONT:UNDERHOOD POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	05-OCT-200 500	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	0			☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

1.) COMPLETE LOSS OF POWER AND ALL ELECTRICAL SYSTEMS WHILE VEHICLE WAS BEING OPERATED. VEHICLE REFUSED TO RESTART; AND 2.) GEAR STICK SHAKES OR SHIMMERS VIGOROUSLY WHEN ENGAGED IN THIRD (3RD) GEAR.

CONTINUED ON NEXT PAGE

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NOV 0 3 2001

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NHTSA
People Saving People
1-888-DASH-2-DOT

Vehicle Owner's Questionnaire

Office of Defects Investigation

VOQ Confirmation

ODE Reference Number: 753138

[Please proceed to the end of this page, after confirming your input, and select the "Submit VOQ to NHTSA" button. NHTSA will not receive a record of your complaint unless this button is selected.]

Owner Information

FirstName: [redacted]

Last Name:

MI:

Organization:

Address 1:

Address 2:

City:

State:

Zip:

Complaint by: [redacted] October 12, 2001

Vehicle Information

Vehicle Identification Number (VIN): 1FMYU02B61KB73335

Vehicle Make:	Ford	**Vehicle Model:**	Escape
Vehicle Year:	2001	**Current Odometer Reading:**	
Purchase Date:	09/01	**New or Used:**	New
Engine Size:		**Antilock Brakes:**	No
No. Cylinders:		**Driverside Airbag:**	Yes
Fuel Injection:	No	**Passenger side Airbag:**	Yes
Turbo:	No	**Side Airbag - Driver:**	No
Fuel Type:	Gas	**Side Airbag - Passenger:**	No
Drivetrain:	4 Wheel	**3-Point Belt:**	'Don't know
Cruise Control:	Yes	**Motor Belt:**	Don't Know
Body Style:	4-Door /SUV	**2-point Belt:**	Don't Know

Dealer Information

Name: CAPITAL FORD, INC
Address: 4900 Capital Boulevard
City: Raleigh
State: North Carolina
Zip: 27604
Phone: (919) 878-4880

Failed Component/Part Information

Major Assembly	Description	Location Left-Right	Location Front-Rear	Part Type	Num. Failures	Failure Date	Failure Mileage	Failure Speed	Mfg Contacted	N Co
	Crash	Fire	Driver Airbag Deployed	Driver Sidebag Deployed	Passenger Airbag Deployed	Passenger Sidebag Deployed	Num. Injured	Num. Fatalities	Est. Damage	I R
ELECTRICAL SYSTEM: WIRING: UNDER HOOD	E	NA	NA	Original	1	10/05/2001	500	NA	Yes	
	No	No	NA	NA	NA	NA	0	NA	NA	
TRANSMISSION SYSTEM: GEAR	Shaking Gear Stick in 3rd gear	NA	NA	Original	NA	09/27/2001	125	NA	Yes	
	No	No	NA	NA	NA	NA	0	NA	NA	

Information on Tire Failure

DOT Number: NA
Manufacturer: NA
Tire Name: NA
Complete Tire Size: NA

Comments: 1.) Complete Loss of power and all electrical systems while vehicle was being operated. Vehicle refused to restart; and 2.) Gear stick shakes or shimmers vigorously when engaged in third (3rd) gear.

[redacted]

Send mail to the Web Master

The undersigned owner and operator of the motor vehicle referenced in this NHTSA questionnaire herby certify that this report and information is correct and further authorize the NHTSA to use this information as it deems appropriate including making a formal submission to Manufacturer/or dealer.

Sincerely,

[redacted]

October 12, 2001

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NATIONWIDE 1-800-424-9393
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INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 1068

Date Received: 23-OCT-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 753138

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
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Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FMYU02B61KB73335	FORD TRUCK	ESCAPE	2001	

Purchase Dat		Engine Size	
01-SEP-2001	Dealer's Name_____	(CID/CC/L 2.0L	☐ Turbo
☒ New ☐ Used	City_____ State_____ Zip Code_____	No Cylinders _____	☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☒ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
08310000	ELECTRICAL SYSTEM:WIRING:HARNESS:FRONT:UNDERHOOD	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	05-OCT-2001	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 500		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING, VEHICLE STALLED, CONSUMER STATES ALL ELECTRICAL SYSTEMS FAILED, VEHICLE WOULD NOT RESTART, CONSUMER LISTS STALL OCCURRED DUE TO ELECTRICAL WIRING PROBLEM UNDER THE HOOD. *SLC

CONTINUED ON REVERSE

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FOR AGENCY USE ONLY 1068	
Date Received	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ np_ltr ____ ____
23-OCT-2001	Reference No. 753138

[redacted]

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Signature of Owner _____ **Date**____/____/____

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Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
07200000	POWER TRAIN:TRANSMISSION:STANDARD:MANUAL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	27-SEP-2001 Mileage at Failure(s 25 Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ No

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Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES GEAR STICK SHAKES OR SHIMMERS VIGOROUSLY WHEN ENGAGED IN THIRD GEAR.
***SLC**

CONTINUE ON A SEPARATE SHEET