



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 1039

Date Received

15-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007557

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 or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1FMYUD4131KB23450		FORD TRUCK	ESCAPE	2001	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
			Body Style		
			☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06430000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:FLEXIBLE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ 22 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DEACCELERATING VEHICLE WILL STALL. THIS HAPPENS INTERMITTENTLY. WILL CONTACT DEALER.*AK

COPIES OF THIS FORM ARE:

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1039 Date Received 15-APR-2002 OFFICE OF INVESTIGATION Od_or rt_dt od_rt up_ltr Reference No. 8007557	
OWNER INFORMATION (Type or Print) [Redacted] 748198		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of a signature, provide your name and address to the vehicle manufacturer. Signature of Owner [Redacted] Date [Redacted]			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1FMYU04131KB23450		Vehicle Make FORD TRUCK Vehicle Model ESCAPE Vehicle Year 2001 Current Odometer Reading 23,235	
Purchase Date 4/28/2001 ☒ New ☐ Used		Dealer's Name PARKWAY FORD City Winston-Salem State NC Zip Code 27106 Engine Size (CID/CC/L) No Cylinders V-6 ☐ Turbo Diesel ☒ Gas Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic Antilock Brakes ☐ Yes ☐ No		Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag Cruise Control ☒ Yes ☐ No Drive Train ☐ Front ☒ Rear ☒ 4-Wheel	
Vehicle Type ☐ Car ☒ Sport Utility Truck ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other		Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08430000		Part Name(s) FUEL THROTTLE LINKAGES ACCELERATOR FLEXIBLE Location ☐ Left ☐ Right ☐ Front ☐ Rear Failed Part(s) ☒ Original ☐ Replacement	
No of Failures 3		Date(s) of Failure(s) AS OF 4/22/02 Mileage at Failure(s) 22 Vehicle Speed at Failure(s) Failed Part(s) ☒ Yes ☐ No NHTSA Previously ☐ 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 ☐ Yes ☒ No		Fire ☐ Yes ☒ No	
Number of Persons Injured		Number of Fatalities	
Estimated Property Damage		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHEN DEACCELERATING VEHICLE WILL STALL. THIS HAPPENS INTERMITTENTLY. WILL CONTACT DEALER. *AK			
CONTINUE ON BACK IF NEEDED			
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