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 1039

Date Received: 15-APR-2002

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

Reference No.: 8007557

[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
1FMYU04131KB23450	FORD TRUCK	ESCAPE	2001	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(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
06430000	FUEL:**THROTTLE** LINKAGES:**ACCELERATOR**:FLEXIBLE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s 22	☐ Yes ☐ No	☐ Yes ☐ No
	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)

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

CONTINUED ON NEXT PAGE

Form Approved: O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

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
S INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No.
8007557

OWNER INFORMATION (Type or Print)

[redacted] 748198

Work Number
Home Numb [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of a [redacted] vide your name and address to the vehicle manufacturer.

Signature of Owne [redacted] Date / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FMYU04131KB23450	FORD TRUCK	ESCAPE	2001	23,235

Purchase Date 4/29/[redacted]01
☒ New ☐ Used

Dealer's Name PARKWAY FORD
City Winston-Salem State NC Zip Code 27106 ?

Engine Siz (CID/CC/L
No Cylinders V-6

☐ 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 Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
05430000	FUEL:THROTTLE LINKAGES:ACCELERATOR:FLEXIBLE	☐ Left ☐ Right ☐ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) AS OF 4/22/02 Mileage at Failure(s) 22 Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
3		☑ 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☑ No	☐ Yes ☑ No				☐ 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