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: 20-AUG-2001

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

Reference No.: 894739

[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) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1FMYU031X1KC19142	FORD TRUCK	ESCAPE	2001	

Purchase Dat			
☒ 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
07330000	POWER TRAIN:TRANSMISSION:AUTOMATIC:LEVER AND LINKAG	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	25-JUL-2001 3 Mileage at Failure(s)_____	☐ 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				☐ Yes ☒ No

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

GEAR SHIFT LEVER STICKS IN FRONT OF RADIO. WHEN CHANGING RADIO STATIONS HANDS KNOCKS GEAR SHIFT INTO NEUTRAL WHILE VEHICLE IS IN MOTION.*AK

CONTINUED ON REVERSE

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: 01 SEP 14 AM 7
24-AUG-2001
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
Fod_a
up_ltr

Reference No.: 894739

OWNER INFORMATION (Type or Print)

[redacted] 709299

Work [redacted]
Home [redacted]

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

Signature of Owne[redacted] Date 8/31/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1FMYU031X1KC19142	FORD TRUCK	ESCAPE	2001	3500

Purchase Date
☒ New ☐ Used

Dealer's Name: SUNSET FORD
City: ST. LOUIS State: MO Zip Code:

Engine Siz (CID/CC/L ___ No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☒ 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 Uti ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name/s	Location	Failed Part(s)
07330000	POWER TRAIN:TRANSMISSION:AUTOMATIC:LEVER AND LINKAG	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacemen

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
4	Date(s) of Failure(s): 25-JUL-2001 Mileage at Failure(s): 3 Vehicle Speed at Failure(s):	☐ 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				☐ Yes ☒ No

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CONTINUE ON BACK IF NEEDED

THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT, 5 U.S.C. 552(b)(5)

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