



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 §20

Date Received

02-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897242

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 and door side) 1FMYU01B91KB84850	Vehicle Make FORD	Vehicle Model ESCAPE	Vehicle Year 2001	Current Odometer Reading
Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 7	Date(s) of Failure(s) 15-JUL-2001 Mileage at Failure(s) 1800	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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE ACCELERATING TO 65 MPH VEHICLE WILL STALL UNEXPECTEDLY IN TRAFFIC. DEALERSHIP HAS BEEN IN POSSESSION OF VEHICLE FOR TWO WEEKS, AND HAS BEEN UNABLE TO DETERMINE CAUSE OF PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*AK

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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		FOR AGENCY USE ONLY 920	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received: <u>01-06-2001</u> Od or rt, dt: _____ od_rt up_hlr: _____ Reference No.: 897242	
[Redacted] 718548		Wo Number: _____ Home Number: _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, please provide the vehicle's manufacturer's name and address to the vehicle's manufacturer.		☐ YES ☐ NO Already Have Date: <u>11/19/01</u>	
Signature of Owner: _____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located on the left side of the dashboard or driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year
1FMYU01B91KB84850	FORD	ESCAPE	2001
Purchase Date: <u>6/4/01</u>	Dealers Name: <u>Hilltop Ford</u>	Engine Size (CID/CC/L): _____	Current Odometer Reading: <u>3800</u>
☒ New ☐ Used	City: <u>Richmond</u> State: <u>CA</u> Zip Code: <u>94806</u>	No. Cylinders: <u>4</u>	☐ 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 Type: ☐ Front ☐ Rear ☒ 4-Wheel	Vehicle Type: ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style: ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 05100000	Part Name(s): ENGINE	Location: ☐ Left Front ☐ Right Rear	Failed Part(s): ☐ Original ☐ Replacement
No. of Failures: <u>7</u>	Date(s) of Failure(s): <u>15 JUL 2001 / AUG, SEPT, OCT, NOV</u>	Mileage at Failure(s): <u>1800 / 2979, 3800</u>	Vehicle Speed at Failure(s): <u>20 - 65 MPH</u>
Application Incident Information (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)		Failed Part(s): ☐ Yes ☐ No NHTSA Previously: ☐ Yes ☒ No	
Crash: ☐ Yes ☒ No	Fire: ☐ Yes ☒ No	Number of Persons Injured: <u>0</u>	Number of Fatalities: <u>0</u>
Estimated Property Damage: _____		Reported to Police: ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE ACCELERATING TO 65 MPH VEHICLE WILL STALL UNEXPECTEDLY IN TRAFFIC. DEALERSHIP HAS BEEN IN POSSESSION OF VEHICLE FOR TWO WEEKS, AND HAS BEEN UNABLE TO DETERMINE CAUSE OF PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS. AK			

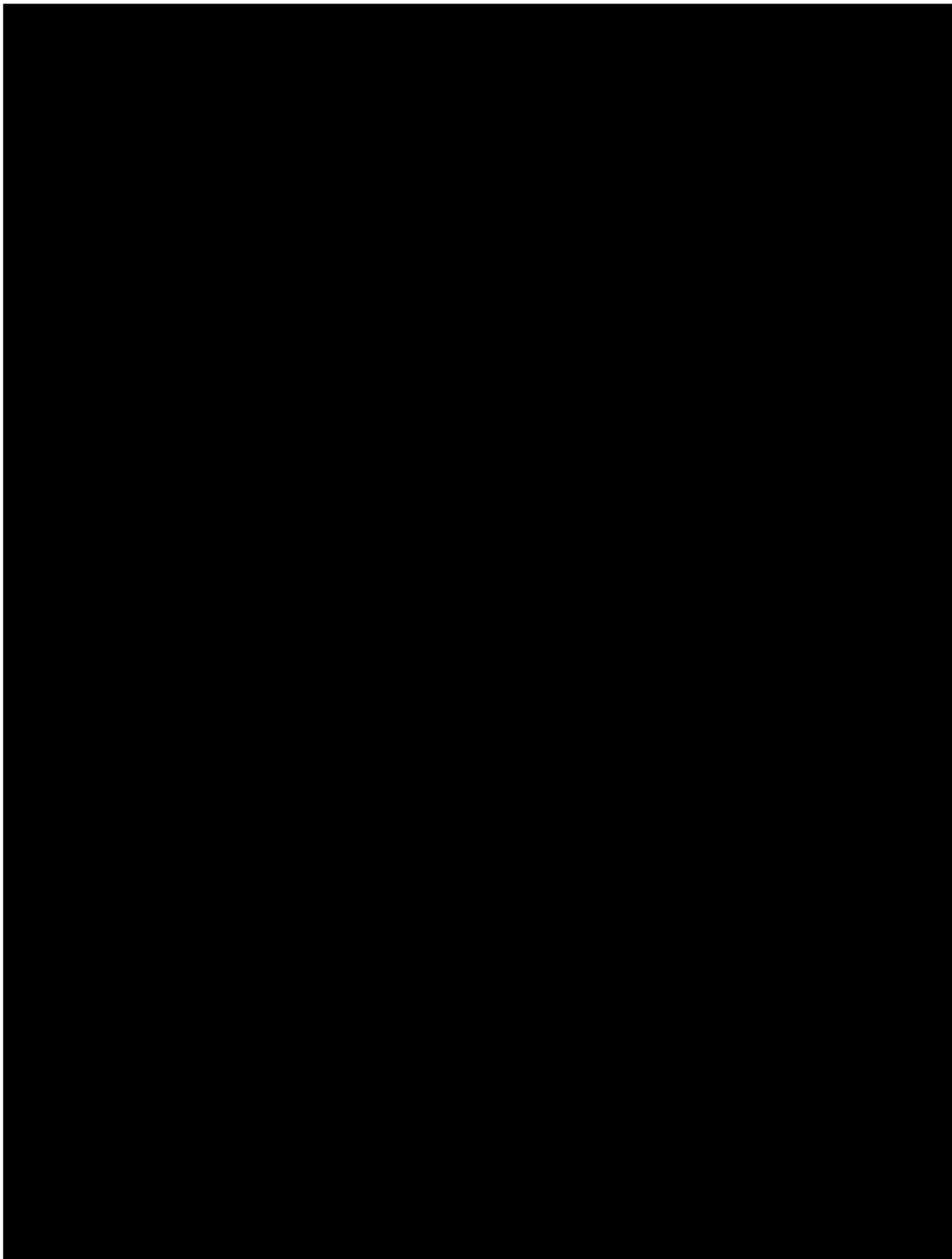
SEE ATTACHED

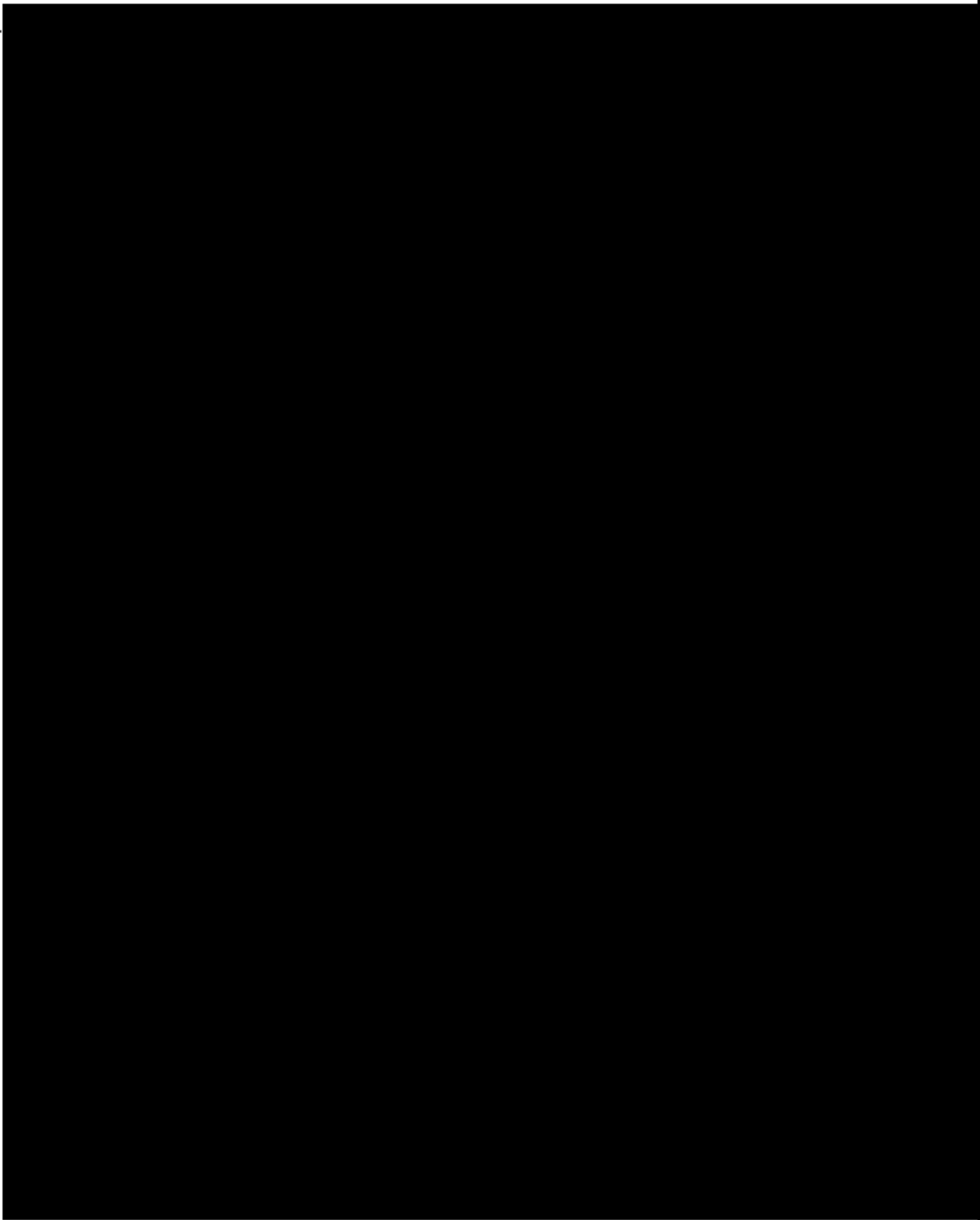
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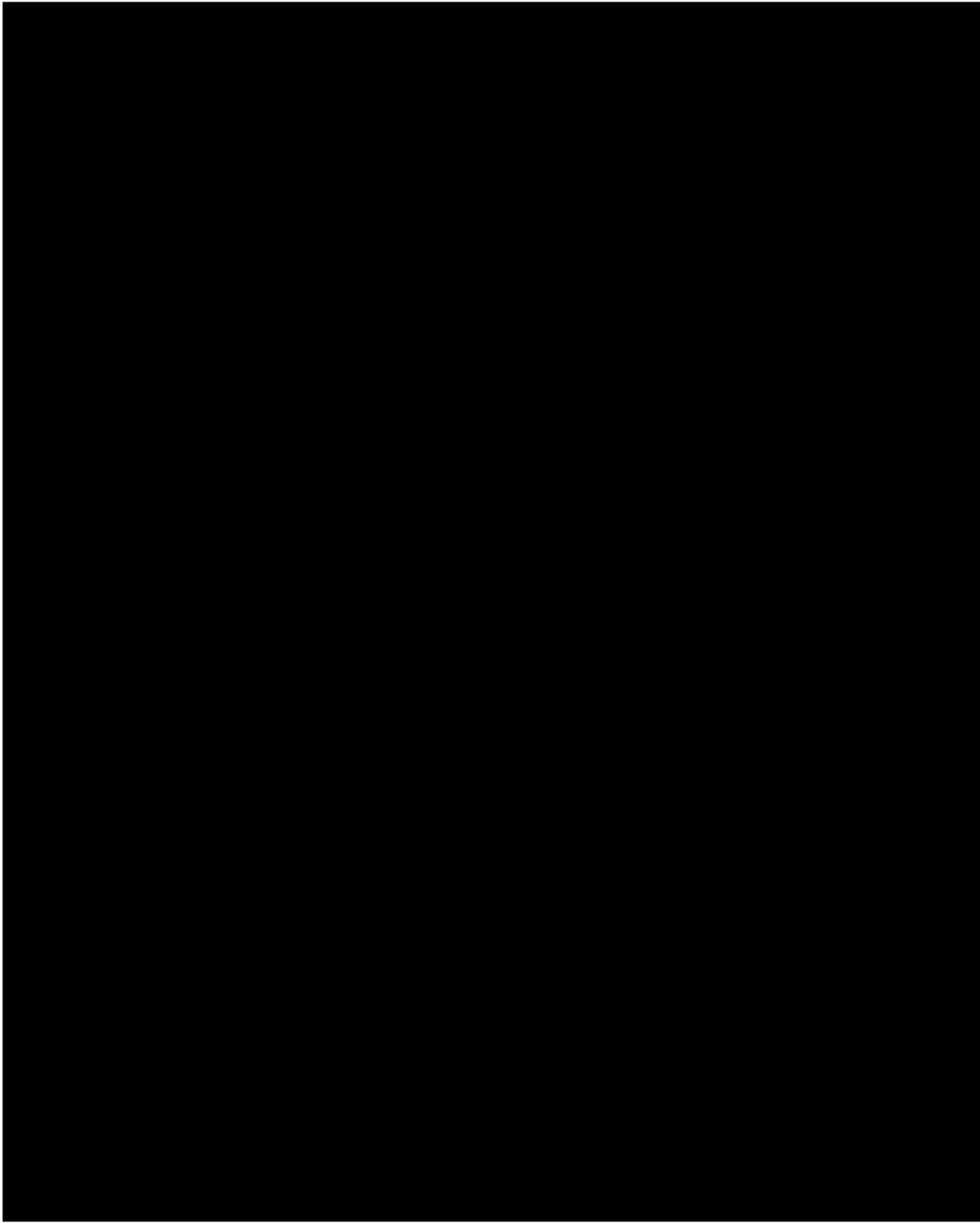
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PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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