



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

Repository ☐

SEP 12 AM 8:51
08-AUG-2003

Reference No.
10032458

OWNER INFORMATION (Type or Print)

Name

Address

City

BELLEVUE

State

WA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of your signature, provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/28/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FAPP11J6MW103956

Make

FORD

Model

ESCORT

Model Year

1991

Date Purchased

1991

Dealer's Name and Telephone Number

FORD OF BELLEVUE (FORMERLY FORD FORD)

Engine:

No. Cylinders

4

Fuel Type:

GAS

Original Owner

☒

Dealer's City

BELLEVUE

State

WA

Zip Code

98004

Transmission Type

A/T

☐ Antilock Brakes

☒ Cruise Control

Powertrain

Vehicle Component Code

151000 SEAT BELTS:FRONT

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

17-JUL-2003

Failure Mileage

Failure Speed

"PASSIVE RESTRAINT SYSTEM" - AUTOMATIC SHOULDER BELTS, FAILED IN "UNSAFE" OR OPEN MODE

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE FRONT SEAT BELTS WERE INOPERATIVE. *JB

SEE REVERSE

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

VEHICLE IS EQUIPPED WITH FORD'S "PASSIVE RESTRAINT SYSTEM" (AUTOMATIC ELECTRICALLY OPERATED SEATBELTS). BOTH DRIVER & PASSENGER BELTS HAVE FAILED IN THE OPEN, OR UNSAFE POSITION, RENDERING THE CAR ILLEGAL TO DRIVE UNDER WASHINGTON LAW. ACCORDING TO INTERNET RESEARCH, THIS PROBLEM IS VERY COMMON ON FORD ESCORTS OF THIS CAR - REPAIR COSTS ARE CLOSE TO THE MARKET VALUE OF THE ENTIRE CAR. I CONTACTED FORD CUSTOMER SERVICE (800-392-5673) IN EARLY AUGUST '03, AND AGAIN ON 8/27/03, TO ADVISE THEM THAT NHTSA ADVISED ME THAT FORD IS OBLIGED TO REPAIR THIS DEFECTIVE SAFETY DEVICE. FORD TOLD ME BOTH TIMES THAT SINCE THE CAR IS OVER FIVE YEARS OLD, THEY WILL PROVIDE NO ASSISTANCE OF ANY KIND IN REPAIRING THIS DEFECTIVE SAFETY EQUIPMENT. I AM SEEKING NHTSA'S ASSISTANCE TO PERSUADE FORD TO REPAIR THIS SAFETY DEFECT, WHICH IS WIDESPREAD AND KNOWN TO THE COMPANY. - THANKS YOU -

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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http://www.safercar.gov