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 100184

Date Received	Repository
12-FEB-2004	
	Reference No. 10058013

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City WHITTIER State CA Zip Code [redacted]
Daytime Telephone Number [redacted] E-mail Address
Evening Telephone Number [redacted]

Do you authorize NH[redacted] manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of ar[redacted] our name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/28 04

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
3FAFP1137 2R 198529	FORD	ESCORT	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	KEYSTONE FORD			4	Gasoline
Original Owner ☒	Dealer's City NORWALK	State CA	Zip Code 90650		

Transmission Type		Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☐ Cruise Control		060000 ENGINE AND ENGINE COOLING
			Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
21-JAN-2003	4000	65	The CAR Died on The Fwy (Note. STEAR BIBRATION and dod)

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: DOTMAL9A8C036)	☐ 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(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

WHILE DRIVING AT ANY SPEED VEHICLE VIBRATED AND SHOOK VIOLENTLY, THEN STALLED. THE VEHICLE HAD BEEN TO THE DEALER TEN TIMES FOR THIS PROBLEM. *AK

NOTE: BOARD FORD Fix The Vibration and The Car (Dead same Problem) I. Am Desable (on fix S.S.) Plese HELP

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).