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

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

2004 AUG 16 PM 3:52

FOR AGENCY USE ONLY 252	
Date Received 28-JUN-2004	Repository ☐
	Reference No. 10080085

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City ONALASKA	State WI	Zip Code	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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FALP13P6VW	FORD	ESCORT	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04-16-2003	JD Builder 505.			No. Cylinders	Gas
Original Owner ☐	Dealer's City Albuquerque	State NM	Zip Code 87108		

Transmission Type			Vehicle Component Code
Manual	☒ Antilock Brakes ☐ Cruise Control	Powertrain Yes	114200 ELECTRICAL SYSTEM:WIRING:INTERIOR/UNDER DASH
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-JUN-2004	~~66000~~ 72,000		

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: DOTMALSABC038)	☐ 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	Y

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).

WHEN VEHICLE WAS PARKED CONSUMER NOTICED SMOKE WAS COMING FROM THE VEHICLE, IT CAUGHT ON FIRE. CONSUMER CALLED THE FIRE DEPARTMENT TO EXTINGUISH THE FIRE. NO INJURIES. THE FIRE DEPARTMENT INFORMED THE CONSUMER THAT THE FIRE WAS ELECTRICAL, AND STARTED UNDER THE DASHBOARD. *AK

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