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 241

Date Received	Repository
27-OCT-2004	Reference No. 10097832

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City GARY	State IN	Zip Code

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 11 9 04

VEHICLE INFORMATION

17 dgt Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FALP13P7VW	FORD	ESCORT	1997

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
15-NOV-97		No. Cylinders 4	Gas

Original Owner	Dealer's City	State	Zip Code
☒	Gary	IN	46404

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-OCT-2004	60000		Mileage was 45000

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: DOTMALSABC036)	☐ 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	1 2	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).

VEHICLE ACCELERATE DAND LURCHED FORWARD WHILE PULLING INTO A PARKING SPACE, CAUSING THE VEHICLE TO HIT A BRICK WALL. UPON IMPACT, BOTH FRONTAL AIR BAGS FAILED TO DEPLOY. DRIVER SUSTAINED MINOR INJURIES, AND WAS TRANSPORTED TO THE LOCAL HOSPITAL. DEALER/ MANUFACTURER WERE NOT NOTIFIED. *AK

Both Frontal Air Bags Deployed - Hit me (driver) in Face "eye" cut up face and dislocated implant in left eye. Also hit passenger in Left eye. Has had Surgery on Eye Both are still under the care of the doctor.

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