



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 ☐

08-NOV-2004

Reference No: 55
10099536

OWNER INFORMATION (Type or Print)

Name

Address

City BUFFALO

State NY

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 an authorized signature, please print your name or address to the vehicle manufacturer.

Signature of Owner

Date 11/19/04

VEHICLE INFORMATION

17 Digit Vehicle Identification Number (located at bottom of windshield on driver's side)

3FASP13J2SR

Make FORD

Model

ESCORT

Model Year

1995

Date Purchased

Dealer's Name and Telephone Number

Southtowns Auto Sales

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner

2nd ☒

Dealer's City

West Seneca NY

State NY

Zip Code

Transmission Type

MANUAL

☐ Antilock Brakes

☐ Cruise Control

Powertrain

Vehicle Component Code

021210 SUSPENSION:FRONT:SPRINGS:COIL SPRINGS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

29-OCT-2004

Failure Mileage

72000

Failure Speed

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(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

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 DRIVER'S SIDE COIL SPRING BROKE . NO IMPACT REPORTED. *AK

unusual

Road construction all summer, many impacts
of varied amplitude + duration

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.