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

FOR AGENCY USE ONLY

Date Received: 2005 MAR 15 AM 2:01

Od_or ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No.: 10115639

OWNER INFORMATION (Type or Print)

Name: [redacted]

Street: [redacted] Apt. No.

City: SAUTEE State: CA Zip: [redacted]

Daytime Telephone Number: [redacted]

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: [redacted] Date: 24 FEBRUARY 2005

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
1FMYU03173K[redacted]	FORD	ESCAPE/XLT	2003

Purchased Date: Sep 2003 ☒ New ☐ Used

Dealer's Name: NORTH COUNTY FORD

Dealer's City: VISTA State: CA Zip Code: 92083

Engine Size (CID/CC/L): ___ No. Cylinders: ___ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pillar):

Transmission Type: ☐ Manual ☒ Automatic

Restraint System: ☒ Driverside Air Bag ☐ Motorbelt ☒ Passengerside Air Bag ☒ 3-Point Belt ☐ 3-Point Belt

Cruise Control: ☒ Yes ☐ No

Drivetrain: ☒ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☒ Sport Utility ☐ Truck ☐ Van ☐ Minivan ☐ Motorcycle ☐ Other ___

Body Style: ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other ___

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
DRIVER/PASSENGER AIR BAG SIDE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement	☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: Tire Name:

Complete Tire Size: DOT No.

No. of Failures: Date(s) of Failure(s): Mileage at Failure(s): Vehicle Speed at Failure(s): Failed Part(s) Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☐ No	☐ Yes ☐ No	1	NONE	☒ Yes ☐ No

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

I WAS ON THE WAY TO WORK, ON 8 WEST, ABOUT ONCE, 24 AUG 2004, CAR SUDDENLY changed lane & my lane. UNABLE TO STOP OR TAKE EVASIVE ACTION IN TIME. REAR ENDED THE CAR. I WAS Taken By AMBULANCE TO HOSPITAL FOR POSSIBLE NECK/BACK INJURIES. AIR BAG FAILED TO DEPLOY. (NOTED BY POLICE). PRIOR TO ACCIDENT, CAR TAKEN TO DEALER (BOB BAKER FORD, MISSION VALLEY, SAN DIEGO, CA) FOR (6) SIX TIMES (AIR BAG ON DASH BOARD WOULD Come On and STAY ON.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882