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 1368

Date Received	Repository ☐
28-MAR-2005	2005 MAY 31 PM 3
	Reference No. 10116947

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City LUBBOCK	State TX Zip Code	Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? SGH ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 5/12/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3FAFP11371	FORD	ESCORT	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
9/6/01	POLLARD FRIENDLY FORD				
Original Owner SGH ☒ NO	Dealer's City LUBBOCK	State TX	Zip Code 79408	4	GASOLINE

Transmission Type	Antilock Brakes	Powertrain	Vehicle Component Code
STANDARD	☒ NO SGH ☐ YES	FRONT WHEELS TYPE	015100 STEERING:HYDRAULIC POWER ASSIST:PUMP ??
	☐ Cruise Control		Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-OCT-2004	SGH ~~19000~~ APPROX 69500	PARKED	FUEL PUMP

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			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).

SGH

~~WHEN STARTING~~ THE VEHICLE CONSUMER HEARD A ~~POPPING~~ NOISE FROM THE REAR. VEHICLE WAS TOWED TO THE ~~DEALERSHIP~~ AND WAS INFORMED OF THE FUEL PUMP PROBLEM. *AK SGH *REPAIR SHOP
POLLARD FORD WAS THE ORGINAL OWNER - SEE TITLE ATTACHED - ALSO THE COPIES OF THE ORIGINAL REPAIR INVOICE - AND REPORT TO THE ATTORNEY GENERAL - POLLARD FORD TITLE AS ORIGINAL OWNER. THE FAULTY PUMP IS IN MY POSSESSION THAT IS AVAILABLE FOR INSPECTION - THANK YOU FOR THE FOLLOW UP.

5/12/05

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

GREG ABBOTT
Attorney General of Texas

Consumer Complaint Form

File#:

- The information you report on this form will be used to help us investigate violations of consumer laws.
- **The Attorney General's Office does not resolve individual consumer complaints.**
- This complaint and the information you provide are records open to the public under Texas Law.
- We may send a copy of this form to the Business, so **please write legibly and use black ink only.**
- Please attach copies of any documents necessary to explain the transaction but **do not send original documents.**
- The Attorney General's Office will contact you if additional information is needed.

Consumer Information		**Business or Individual Complaint is Against**
Name		Name FORD MOTOR CO.
Address		Address 16800 EXECUTIVE PLAZA DR
City LUBBOCK, TX		City P.O. BOX 6248 DEARBORN
State TX	Zip	State MI Zip 48121
Home Phone	Work Phone ( ) —	Phone (800) 392-3673
Email address		Person you dealt with: A CUSTOMER RELATIONS REPRESENTATIVE
Age ☐Under 19 ☐20-29 ☐30-39 ☐40-49 ☐50-59 ☐60-64 ☒65or over		Website or Email address: —

1. Initial contact between you and the business:
   - ☐ Person came to my home
   - ☐ I went to company's place of business
   - ☐ I received a telephone call from business
   - ☒ I telephoned the business 11/03/04
   - ☐ I received information in the mail
   - ☐ I responded to radio/television ad
   - ☐ I responded to printed advertisement
   - ☐ I responded to a Website or e-mail solicitation
   - ☐ I responded to a solicitation in a language other than English (What language?)_____
   - ☐ Other _____

2. Where did the transaction take place?
   - ☐ At home
   - ☐ At business
   - ☐ By mail
   - ☒ Over the phone A PRODUCT CLAIM
   - ☐ Over the computer
   - ☐ Trade Show or Hotel
   - ☐ Other _____

3. Date(s) of Transaction(s)
   THE TELEPHONE COMPLAINT ON 11/03/04

4. Did you sign a contract? N/A
   - ☐ Yes (please enclose a copy)
   - ☐ No

5. How much did the company/individual ask you to pay? N/A

6. How much did you actually pay? $ 492.19 ☐ Cash ☐ Credit Card ☐ Loan ☐ Check

   ☐ Bank Account Debit ☐ Wire Transfer ☐ Money Order ☐ Cashiers Check ☐ Debit Card

   Date(s) of Payment: 10/26/04 TO BUDGET TUNE

7. Have you contacted another agency or attorney about this complaint? ☐ Yes ☒ No
If yes, list name and address of the agency or attorney.

8. What action was taken by this agency or attorney?
N/A

9. Please describe your complaint in detail (attach extra sheets if necessary).
THIS IS A PRODUCT CLAIM INVOLVING AN AUTOMOBILE. (IT IS NOT A WARRANTY CLAIM)

THE FUEL PUMP "FAILED" ON 10/26/04 -

THE CAUSE OF THE MALFUNCTION TOOK PLACE ONLY INSIDE THE GASOLINE TANK -

POSSIBLE CAUSATIONS - FAULTY DESIGN OF THE PUMP; FAULTY MFT OF THE PUMP; FAULTY INSTALLATION OF THE UNIT.

MY WIFE TURNED THE KEY TO START THE CAR AND HEARD A "POP" AND THAT WAS ALL - AS IF THE STARTER WAS DEAD. THE SHOP TECHNICIAN THAT TWO ELECTRICAL WIRES TO THE FUEL PUMP WERE IN CONTACT, AT THAT POINT THE INSULATI WAS WORN REQUIRING THE BARE WIRES TO TOUCH TO SHORT OUT THE FUEL PUMP - A DEFINITE HAZARD!

10. Have you complained to the business? ☐ No ☒ Yes If yes, when? 11/03/04
What was the business' response?
I WAS TOLD THAT THE WARRANTY TIME LIMIT HAD EXPIRED AND NO OTHER CONSIDERATION -

11. Have you been sued in relation to this transaction? NO

Texas law prohibits us from giving legal advice or opinions or acting as your personal attorney. If you desire legal advice, we suggest you consider contacting a private attorney to discuss your complaint.

In signing this complaint I understand that the Attorney General does not represent private citizens seeking the return of their money or other personal remedies. I am filing this complaint for informational purposes only.
The above statements are true and accurate to the best of my knowledge.

Signature

12/28/04 -
Date

Please return this form to: Office of the Attorney General
P.O. Box 12548
Austin, Texas 78711-2548

CC: FORD MOTOR CO.
KINDLY RESPOND - OKAY?

THE PUMP IS AVAILABLE FOR INSPECTION - SAM

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).