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 100148

Date Received	Repository ☐
07-OCT-2005 2005 NOV 29 AM 9:58	Reference No. 10139036

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	651-635-9969	
Address [redacted]	Evening Telephone Number	
City ST PAUL / State MN / Zip Code [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 _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number (viewed at bottom of windshield on driver's side)	Make	Model	Model Year
1FAFP13P6[redacted]	FORD	ESCORT	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
07-JUN-99	MIDWAY FORD			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City ROSEVILLE	State MN	Zip Code		

Transmission Type		Powertrain	Vehicle Component Codes
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	022100 SUSPENSION:REAR:SPRINGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-OCT-2005	16779		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R16)
DOT No. (Example: DOTMAL9ABC036)	☐ 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), Fatality(s), Crash(es), and Injury(ies))

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

DT: THE CONTACT STATED THE VEHICLE HAD A BROKEN REAR SPRING ON THE PASSENGER'S SIDE. DEALER FOUND IT BROKEN WHILE DOING A SAFETY INSPECTION. THERE WAS NO INDICATION THAT THE SPRING WAS BROKEN. MANUFACTURER SAID THERE WAS NO RECALL. THE CONTACT HAS NOT HAD IT FIXED BECAUSE OF THE EXPENSE. CONTACT BELIEVED IT WAS A FACTORY DEFECT. *AK

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