



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 ☐

Reference No.

10177221

2007 JAN 22 11 09:40
28 DEC 2006

OWNER INFORMATION (Type or Print)

Name

Address

City

INDEPENDENCE

State

MO

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner *[Signature]* Date 1/10/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1FMVU23113K

Make

FORD

Model

ESCAPE

Model Year

2003

Date Purchased

05-DEC-03

Dealer's Name and Telephone Number

BLUE SPRINGS FORD 816-229-4400

Engine:

No: Cylinders

6

Fuel Type:

Gas

Original Owner

☐

Dealer's City

BLUE SPRINGS

State

MO

Zip Code

64015

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE

Multiple Failure:

3 that I have invoices for
the light went out so they could check it

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-SEP-2006

Failure Mileage
48156

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).

TL* - THE CONTACT STATED THAT WHILE DRIVING 35 MPH IN 2003 FORD ESCAPE NOTICED ON 09/20/06 THAT AIR BAG LIGHT ON THE DASH BOARD TURNED ON. THE CONTACT STATED THAT SHE DID HAVE A PASSENGER IN THE SEAT AT THAT TIME. AS PER OWNERS MANUAL DIRECTIONS, THE CONTACT TOOK VEHICLE TO DEALERSHIP, AND WAS TOLD THAT THEY COULD FIND NOTHING WRONG WITH AIR BAG OR THE SENSOR LIGHT. THE CONTACT TOOK THE VEHICLE TO THE DEALER ON 10/28/06 FOR THE SAME FAILURE. THE CONTACT WENT BACK TO THE DEALERSHIP AND THEY TOLD HER THAT THEY DID SEE THAT THE LIGHT WAS TURNING ON AND OFF, AND THEY TOLD HER THAT THEY WERE GOING TO GREASE THE CABLE. THE CONTACT WAS NOT SURE WHICH CABLE THEY WERE TALKING ABOUT. THE CONTACT STATED THAT THE DEALERSHIP CHARGED HER \$100.00 FOR THIS REPAIR. THE VEHICLE WAS DRIVEN FOR 3 MORE WEEKS WHEN THE SAME FAILURE OCCURRED. SHE TOOK VEHICLE IN TO DEALERSHIP AGAIN AND THEY FOUND NOTHING WRONG, BUT THE LIGHT DIDN'T COME BACK ON FOR ANOTHER 3 WEEKS. THE FAILURE OCCURRED AGAIN AND THE VEHICLE WAS TAKEN TO THE DEALERSHIP, AND THE DEALERSHIP GREASED THE SAME CABLE AND TOLD THE CONTACT THAT THE CABLE IS UNDER VEHICLE CODE #1877. THE CONTACT STATED THAT ON 11/27/06 THE VEHICLE'S AIR BAG LIGHT ON THE DASH STAYED ON WHILE DRIVING. *AK

worked on the
1st time
the \$100.00
charge was
also on the
1st trip
to dealer.

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.

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

I called David Garner at 1-866-631-3788 ext. 7302 on 1-5-07 about 1:20 in the pm. - he told me not to worry about the air bag its working properly, he thinks there is something wrong with the light itself.
I called David back on 1-10-07 at 9:05 am. - he was not at his desk so I left a message requesting a letter to what he had ^{told} ~~said~~ me before about the air bag light being the problem and the air bags would work ok. - I have had no response yet.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590
OFFICIAL BUSINESS



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE



US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



**Think your vehicle
has a safety defect?**



**If so:
Use the enclosed
form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



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).