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

2007 SEP 12 AM 8:06

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
24-AUG-2007	Reference No. 10201045

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
City SULLIVAN	State MO	Zip Code [redacted]	Evening 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 aut[redacted]OT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/5/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FAFP13PXX[redacted]	FORD	ESCORT	1999

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
08-SEP-06	Pontiac Sales	573-468-8056	No: Cylinders 4	Gas
Original Owner ☐	Dealer's City Sullivan	State MO / Zip Code 63080		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	151200 SEAT BELTS:FRONT:WEBBING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
24-AUG-2007	104308	30

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: 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), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	Y

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 OWNS A 1999 FORD ESCORT. WHILE DRIVING BETWEEN 30-35 MPH, THE VEHICLE WAS INVOLVED IN A CRASH ON THE FRONT PASSENGER SIDE. THE FRONTAL SEAT BELT WEBBINGS DID NOT LOCK (NHTSA CAMPAIGN ID NUMBER 04E048000) AND THE FRONT AIR BAGS FAILED TO DEPLOY. THE CONTACT SUFFERED SEVERE STRAIN, SPRAIN, AND BRUISES TO HER CHEST AND NECK. THE VEHICLE WAS DESTROYED AND A POLICE REPORT WAS FILED. THE CURRENT AND FAILURE MILEAGES WERE 104,308.

Would like to know why? if Seat Belts would have locked She would not of gotten hurt

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